

2012 HEALTHY

Shawnee County Community Health

NEEDS ASSESSMENT



Final Report

March 2013

**2012 Healthy Shawnee County
Community Health Needs Assessment
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Acknowledgements



**2012 Healthy Shawnee County
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Healthy Shawnee County Task Force

Shawnee County Health Agency

Allison Alejos, Director, Local Health Department

Bob Hedberg, Former Grants & Special Projects Officer

St. Francis Health Center

Mary Homan, Former Director, Mission & Ethics

Stormont-Vail HealthCare

Thomas Luellen, Director of Planning & Decision Support

Healthy Shawnee County Assessment Advisory Committee

Pamela Johnson-Betts, Topeka Public Schools Foundation

Karily Taylor, Marian Clinic

Dona Booe, Kansas Children's Service League

Garry Cushinberry, CoreFirst Bank

John Homlish, Community Action

Nancy Johnson, Community Resources Council

Max Wilson, Community Volunteer

Jocelyn Lyons, Jayhawk Area on Aging

Miriam Krehbiel, United Way of Greater Topeka

Rev. T.D. Hicks, Antioch Baptist Church

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Overview

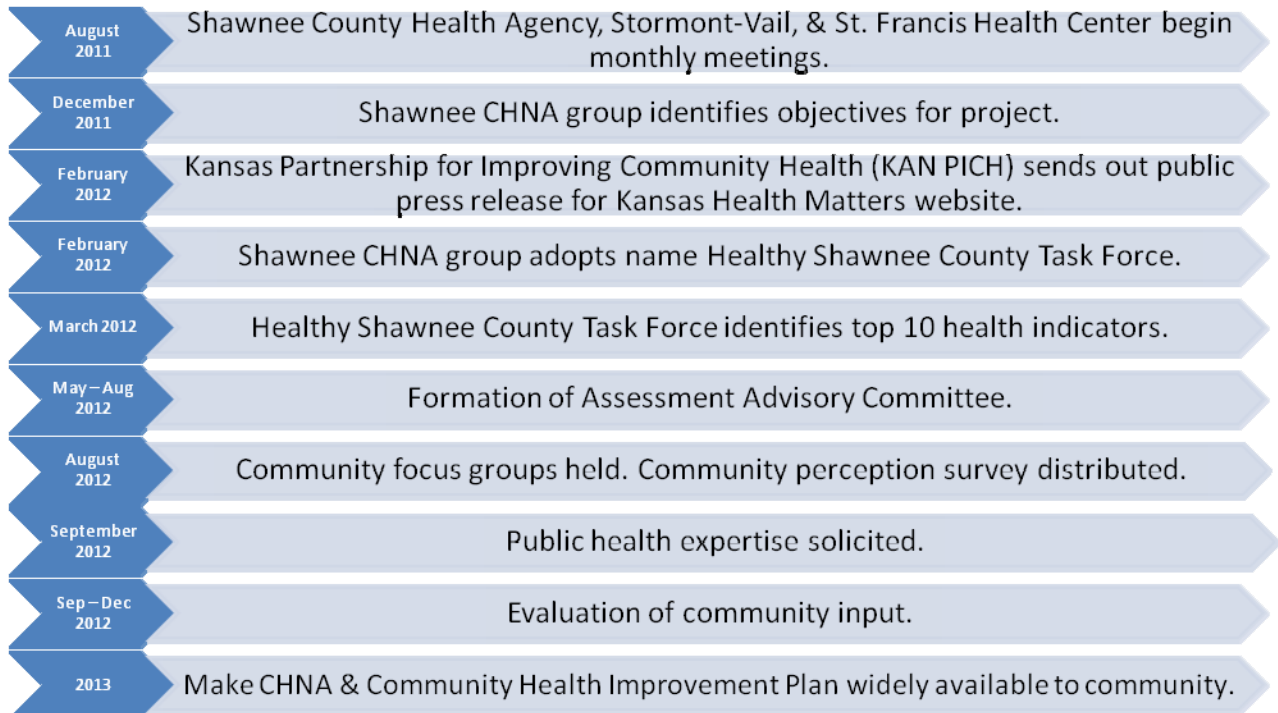


Why create a report?

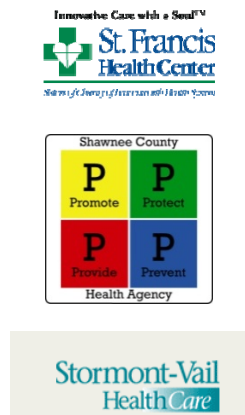
The 2012 Healthy Shawnee County Community Health Needs Assessment Overview is a critical first step in the development of a community health plan that will guide our collective efforts to improve the health of our community. Our Community's plan must start with a deep understanding of the issues affecting our health and the assets we have available to us to improve health outcomes. The full report will be available in early 2013.

What was our process?

Our goal was to hear from all segments of the Shawnee County community. The diagrams below illustrate the variety of methods used to assure that we accomplished this goal.



Steering Committee Members



Assessment Model



What did we hear? As we listened to what was said, 14 community health issues were identified. The table below lists these community health issues and the different methods in which these issues were identified.

Community Health Issue	Kansas Health Matters Report	Community Perception Survey	Community Focus Groups	Public Health Expertise Survey
Life Style Issues				
Adults who are Overweight or Obese	✓	✓	✓	✓
Adults Consuming Fruits and Vegetables Five or More Times Per Day	✓	✓	✓	✓
Adults Participating in Recommended Level of Physical Activity	✓	✓	✓	✓
Adult Cigarette Smoking	✓			
Adults Who Reported Their Mental Health Was Not Good on 14 or More Days, Past 30 Days	✓	✓	✓	✓
Births Occurring to Teens (15-19)	✓	✓	✓	
Access to Care Issues				
Adults with Diagnosed Diabetes	✓	✓	✓	✓
Adults with and at-risk for Heart Disease and Stroke	✓	✓		
Infant Mortality	✓	✓	✓	
Infants Fully Immunized at 24 Months	✓	✓		✓
Children without Adequate Oral Health		✓	✓	✓
Access to Health Services	✓	✓	✓	✓
Knowledge of Available Health/Social Services	n/a	n/a	✓	✓
Transportation Connecting Persons to Services and Recreation	n/a	n/a	✓	✓

Where do we go from here? Improving health requires our collective effort and begins with a coordinated strategy and process for evaluating progress. Our future success lies in changing deep-rooted values, systems and behaviors and we must take a long view of this work while also creating a system for measuring progress.



Let us know what you think at healthyshawneecounty@gmail.com

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Summary of the Process



The 2012 Healthy Shawnee County Community Health Needs Assessment is a critical first step in the development of a community health plan that will guide our collective efforts to improve the health of our community. Our community's plan must start with a deep understanding of the issues affecting our health and the assets we have available to use to improve health-related outcomes. Three health care providers in Shawnee County (Shawnee County Health Agency, St. Francis Health Center and Stormont-Vail HealthCare) collaborated to complete this Community Health Needs Assessment (CHNA).

Community Health Needs Assessment History

The 2012 Shawnee County CHNA was not the first community health assessment completed for Shawnee County. Two prior assessments were completed:

- 1995 Community Health Assessment
 - \$75,000 Kansas Health Foundation grant, hired Professional Research Consultants of Omaha to facilitate the project
 - St. Francis, Stormont-Vail, Shawnee County Health Agency, United Way of Greater Topeka
 - Phone survey of the community, focus groups and post-data collection workshops
- 2006 Community Assessment
 - \$70,000 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
 - Mail out survey, leadership survey (interviews) and post-data collection workshops

Area Served/Analyzed

- Shawnee County was the focus of the community health needs assessment. Most public health statistics are at the county level and Shawnee County is the primary service area of the two hospitals.
 - 67% of the inpatients at Stormont-Vail HealthCare are from Shawnee County.
 - 71% of the inpatients at St. Francis Health Center are from Shawnee County.
- Shawnee County Demographic Profile (source: U.S. Census Bureau, 2010)
 - Population 178,941
 - 24.6% age less than 18
 - 14.6% age 65 and over
 - 75.4% White, not Hispanic
 - 11.1% Hispanic
 - 8.8% African-American
 - 4.7% all others

IRS Requirements/Health Department Accreditation

In August 2011, Shawnee County Health Agency, Stormont-Vail HealthCare and St. Francis Health Center began monthly meetings to conduct a community health needs assessment. The motivating force behind this initiative was new regulatory requirements for hospitals and health departments.

- IRS requirements - Hospitals
 - Conduct a community health needs assessment and complete by September 2013
 - Adopt an implementation strategy within the same tax year as the CHNA
- Accreditation requirements – Health Departments
 - Prerequisites for accreditation include a community health needs assessment and a community health improvement plan

Community Health Needs Assessment

The Healthy Shawnee County Task Force decided to utilize the Association for Community Health Improvement (ACHI), (an American Hospital Association personal membership group) Community Health Assessment Toolkit as a guide to complete the CHNA. The ACHI provides a guide for planning, leading and using community health needs assessment to better understand, and ultimately improve, the health of communities. It presents a suggested assessment framework from beginning to end in six steps (as shown below), and provides practical guidance drawn from experienced professionals and a variety of proven tools. This is a very different approach to doing a CHNA because it requires much more input from the community and deliberate efforts at community building. The CHNA is an opportunity to demonstrate to the community our shared, consistent commitment to the health of our residents. The CHNA is not a discrete evaluation, but rather an opportunity to measure success over time and build partnerships.

1. Establish the Assessment Infrastructure

The lead entity in this community health needs assessment was the Healthy Shawnee County Task Force. The Task Force had an Assessment Advisory Committee to provide direction and feedback during this process:

- **Healthy Shawnee County Task Force**
 - Shawnee County Health Agency*
 - Allison Alejos, Director, Local Health Department
 - Bob Hedberg, Former Grants & Special Projects Officer
 - St. Francis Health Center*
 - Mary Homan, Former Director, Mission & Ethics
 - Stormont-Vail HealthCare*
 - Thomas Luellen, Director of Planning & Decision Support

- **Healthy Shawnee County Assessment Advisory Committee**

Pamela Johnson-Betts, Topeka Public Schools Foundation

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Jocelyn Lyons, Jayhawk Area on Aging

Miriam Krehbiel, United Way of Greater Topeka

Rev. T.D. Hicks, Antioch Baptist Church

2. Define the Purpose and Scope

- Identify and prioritize top health needs in Shawnee County to meet requirements of public health accreditation and hospital IRS requirements.
- Collaborate with local health care experts and community stakeholders to collect and analyze data to identify the top community health issues in Shawnee County.

3. Collect and Analyze Data

Quantitative public health statistics for Shawnee County are available through the Kansas Health Matters website. A community survey, widely disseminated via email, provided additional quantitative data. Additional qualitative data was obtained from three focus groups and a survey of local public health experts.

Quantitative Data Sources

- Kansas Health Matters (www.kshealthmatters.org) is a one stop source of non-biased data and information about community health in Kansas. It is intended to help hospitals, health departments, policy makers and community planners learn about issues, identify improvements and collaborate for positive change. The Kansas Partnership developed this valuable resource for Improving Community Health (KAN-PICH).
Using Kansas Health Matters, the Task Force was able to compare Shawnee County to the statewide average on 103 health indicators. Also available on this website is a 'Community Health Needs Assessment Toolbox' and hyperlinks to promising practices regarding community health.
- The Healthy Shawnee County Community Perception Survey was available on-line from July 16 through August 31, 2012. This survey took 48 health indicators from the Kansas Health Matters website and asked participants to identify the level of attention needed for those indicators on a 1 – 5 Likert scale (1 = much less attention, 5 = much more attention.) 548 community and 229 organization members completed the survey. The complete report can be found in Appendix II.

Qualitative Data Sources

- Insight into Shawnee County's health-related needs was also provided by three focus groups. Each group had a different set of participants - health care professionals, social service professionals and neighborhood leaders. These focus groups were facilitated by Virden and Associates of Kansas City and conducted August 15 and 16, 2012 at the Topeka-Shawnee County Public Library. The complete report can be found in Appendix III.
- Thirty-five community stakeholders with public health expertise were sent an e-mail survey. The questions were open ended in order to collect a broader base of analysis – based upon the insight of the participants. The experts were drawn from a pool of community expertise that defines public health broadly. Responding to the survey were representatives from:
 - Brewster Place Retirement Community
 - Kansas Children's Service League
 - Positive Connections, Inc.
 - Kansas Association for the Medically Underserved
 - Community Action, Inc.
 - United Way of Greater Topeka
 - Shawnee County Health Agency – Community Health Center
 - A retired non-profit executive director
- The complete report of the Public Health Experts Survey can be found in Appendix IV.

4. Select Priorities

The Healthy Shawnee County Task Force compiled the quantitative and qualitative data and 14 community issues emerged. These issues were grouped into two major categories, lifestyle issues and access to care issues.

Lifestyle Issues

- Adults who are overweight or obese
- Adults consuming fruits and vegetables five or more times per day
- Adults participating in recommended level of physical activity
- Adult cigarette smoking
- Adults who reported their mental health was not good on 14 or more days, past 30 days
- Births occurring to teens (15–19)

Access to Care Issues

- Adults with diagnosed diabetes
 - Adults with and at risk for heart disease and stroke
 - Infant mortality
 - Infants fully immunized at 24 months
-

- Children without adequate oral health
- Access to health services
 - Knowledge of available health/social services
 - Transportation connecting persons to services and recreation

A detailed summary of each of these issues can be found in the next section of this report.

5. Document and Communicate Results

With the completion of the data collection/analysis and selection of priorities, the next step in the process is documenting and communicating the results. This final report provides the documentation.

Communication will be accomplished via:

- Posting report on each organization's website
- Distributing report to Assessment Advisory Council members
- Presentations to hospital leadership and boards
- Present at the Heartland Healthy Neighborhood Advisory Council
- Presentation at the March Shawnee County Commission meeting

6. Plan for Action and Monitor

The final step in the process is addressing the identified issues. Implementation strategies will be generated by the Shawnee County Health Agency, St. Francis Health Center and Stormont-Vail HealthCare. Some strategies may include all three organizations, plus other community resources, to address particular issues identified by this assessment. Some strategies may be developed by the individual organizations to address a particular issue. The first activity in the next step of this process is an inventory of existing health care resources in the community.

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Summary of the 14 Identified Health Issues

Lifestyle Issues



Community Health Issue: Adults who are Overweight or Obese

Indicators: Percentage of Adults Who Are Obese

Percentage of Adults Who Are Overweight

Indicator Description:

- A. Kansas Health Matters reports 30.2% of Shawnee County residents are obese, compared to the statewide average of 28.8%. Kansas Health Matters also reports that 32.7% of Shawnee County residents are overweight, compared to the statewide average of 35.8%. Combining the obesity and overweight indicators leaves only 37.1% of Shawnee County residents with a healthy weight.
- B. The Community Perception Survey reports obesity and overweight as 2 of the top 3 priorities.
- C. The focus groups report a lack of health education, especially for young children and their parents, as a major problem, which is contributing to the obesity problem.
- D. The public health experts report obesity as one of the most important health issues facing Shawnee County and rank it 3rd among the top health priorities that should be addressed.

Discussion:

Obesity/overweight is the number one health concern in the country. The high incidence of obesity and overweight is an indicator of the overall health and lifestyle of a community, since policies and environments that support healthy behaviors are needed in settings such as schools, worksites, health care organizations and communities.

Obesity/overweight increases the risk of many diseases and health conditions including these priority issues identified by the community health needs assessment:

- Adults diagnosed with diabetes
- Adults with and at-risk for heart disease and stroke

Additional diseases and health conditions aggravated by obesity include cancer, liver and gallbladder disease, respiratory problems and osteoarthritis. Losing weight and maintaining a healthy weight helps to prevent and control these diseases.

Healthy People 2020 notes that most Americans need to improve their diet and increase their physical activity. These are two other priority issues identified by the CHNA closely linked to obesity/overweight:

- Adults consuming fruits and vegetables five or more times a day
- Adults participating in recommended level of physician exercise

The factors contributing to obesity cover a broad spectrum of issues ranging from financial (price of healthy foods), barriers to exercise and healthy food, and awareness of healthy lifestyles. The causes of obesity are numerous and multiple efforts from policy level initiatives to individual responsibility will be required.

Healthy People (HP) 2020 national targets are to increase the proportion of adults at a healthy weight (BMI > 18.5 and < 25.0) to 33.9% and to decrease the number of obese adults (BMI > 30.0) to 30.5%.

Community Health Issue: Adults Consuming Fruits and Vegetables Five or More Times Per Day

Indicators: Percentage of Adults Consuming Fruits and Vegetables Five or More Times Per Day

Indicator Description:

- A. Kansas Health Matters reports that 17.5% of adults consume fruits and vegetables five or more times per day as compared to the state average of 18.6%.
- B. The Community Perception Survey reports that the issue of adequate fruit and vegetable consumption needs somewhat more attention in the community (mean = 4.08).
- C. The focus groups noted that there was a lack of wellness, prevention and population health management. One of the issues discussed was lack of healthy food options. In Shawnee County, there are only 0.18 grocery stores for every 1,000 persons. Unfortunately, there are 0.79 fast food restaurants per 1,000 persons.
- D. The public health experts listed nutrition education and better farmers' markets as opportunities to reduce the obesity rate in Shawnee County.

Discussion:

This indicator shows the percentage of adults who consume fruits and vegetables five or more times per day. It is essential to eat a fresh, healthy and balanced diet in order to maintain a healthy weight and prevent chronic disease. Numerous studies have shown a clear link between the amount and variety of fruits and vegetables consumed and rates of chronic diseases, especially cancer. According to the World Cancer Research Fund International, about 35 percent of all cancers can be prevented through increased fruit and vegetable consumption. The USDA currently recommends four and one-half cups (nine servings) of fruits and vegetables daily for a 2,000-calorie diet, with higher or lower amounts depending on the caloric level. Despite the benefits, many people still do not eat recommended levels of fruits and vegetables. This is particularly true of consumers with lower incomes and education levels.

There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. The availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet comprised of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer and diabetes and is essential to maintain a healthy body weight and prevent obesity. Low-income and under-served communities often have limited access to stores that sell healthy food, especially high-quality fruits and vegetables. Moreover, rural communities often have a high number of convenience stores, where healthy and fresh foods are less available than in larger, retail food markets. Frequent consumption of fast foods and an insufficient consumption of fresh fruits and vegetables increase the risk of overweight and obesity.

HP 2020 national targets are to increase the proportion of adults at a healthy weight (BMI > 18.5 and <25.0) to 33.9% and decrease the number of obese adults (BMI > 30.0) to 30.5%.

Community Health Issue: Adults Participating in Recommended Level of Physical Activity

Indicators: Percentage of Adults Participating in Recommended Level of Physical Activity

Indicator Description:

- A. Kansas Health Matters reports 46.2% of Shawnee County adults report participating in the recommended level of physical activity, compared to 48.4% of adult Kansans (Source: BRFSS, 2009)
- B. The Community Perception Survey reports lack of physical activity as one of the top ten health challenges in Shawnee County.
- C. The focus groups report centered on six major themes: lack of awareness among residents and service providers, child and youth related problems, lack of health insurance coverage, general societal ills, problems related to an aging population, and issues related to mental health.
- D. The public health experts listed access to recreational facilities, lack of planning, lack of resources and difficulty to go beyond what has been done in the past, as opportunities to increase participation in recommended levels of physical activity.

Discussion:

This indicator shows the percentage of adults 18 years and older who engage in moderate physical activity for at least 30 minutes on five days per week, or vigorous physical activity for at least 20 minutes three or more days per week.

Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity reduces the symptoms of anxiety and depression, improves mood and feelings of well-being, and promotes healthy sleep patterns. More than 60 percent of adults in the U.S. do not engage in the recommended amount of activity, and 25 percent of adults are not active at all. The American College of Sports Medicine (ACSM) recommends physical activity three to five times each week for 20 to 60 minutes to improve cardiovascular fitness and body composition. In addition to reducing the risk of multiple chronic diseases, physical activity helps maintain healthy bones, muscles, joints, and helps to control weight, develop lean muscle, and reduce body fat. The Healthy People 2020 national health target is to increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%.

HP 2020 goal is to have an overall percentage of adults engaged in no leisure-time physical activity at 32.6%. In other words, have 67.4% of all adults should be engaged in leisure-time physical activity.

Community Health Issue: Adult Cigarette Smoking

Indicators: Percentage of Adults Who Currently Smoke Cigarettes

Percent of Births where Mother Smoked During Pregnancy

Indicator Description:

- A. Kansas Health Matters reports that 20.5 percent of Shawnee County mothers smoked during pregnancy as compared to 15.4% of Kansas mothers. This is also higher than the 17.9% of Shawnee County adults who report they currently smoke compared to 17.8% of adults who currently smoke in Kansas.
- B. The Community Perception Survey reports that the percent of mothers who smoked during pregnancy is an issue that needs somewhat more attention (mean = 3.92). The issue of adults who currently smoke needs somewhat more attention (mean = 3.75). Community representatives reported a higher mean (3.8) than organizational representatives (3.69).
- C. The focus groups report that future health issues will be the impact of poor health behaviors among young persons. This could include the impact of higher smoking levels which could lead to obesity, diabetes, respiratory and hearing problems.
- D. The public health experts did not specifically identify smoking as a top health priority to be addressed but instead listed the overarching priorities of education, access to health care and prevention.

Discussion:

Smoking is a major public health problem. Smokers face an increased risk of lung cancer, stroke, cardiovascular diseases, and multiple other disorders. Tobacco use is one of the most preventable causes of illness and death in America today. Tobacco use causes premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, heart disease, respiratory infections, and asthma.

Smoking during pregnancy adversely affects the health of both the mother and her baby. Maternal smoking can result in miscarriages, premature delivery, and sudden infant death syndrome. Smoking during pregnancy nearly doubles a woman's risk of having a low birth weight baby, and low birth weight is a key predictor for infant mortality. In addition, smoking also increases the risk of preterm delivery. Low birth weight and premature babies face an increased risk of serious health problems during the infant period, as well as chronic lifelong disabilities such as cerebral palsy, mental retardation, and learning problems.

HP 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12%.

Community Health Issue: Adults Who Reported Their Mental Health Was Not Good on 14 or More Days, Past 30 Days

Indicators: Percentage of Adults Who Reported Their Mental Health Was Not Good on 14 or More Days, Past 30 Days

Indicator Description:

- A. Kansas Health Matters reports 9.6% of Shawnee County adults, compared to 8.6% of Kansas adults who reported their mental health was not good on 14 or more days, past 30 days.
- B. The Community Perception Survey reports poor mental health as one of the top ten health challenges in Shawnee County.
- C. The focus groups report centered on six major themes: lack of awareness among residents and service providers, child and youth related problems, lack of health insurance coverage, general societal ills, problems related to an aging population, and issues related to mental health.
- D. The public health experts identified mental health is a top priority for Shawnee County.

Discussion:

This indicator shows the percentage of adults who stated that they experienced fourteen or more days of poor mental health in the past month.

“Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional days of feeling "down" or emotional are normal, but persistent mental or emotional health problems should be evaluated and treated by a qualified professional.”, according to Kansas Health Matters.

Community Health Issue: Births Occurring to Teens (15-19)

Indicators: Percent of All Births Occurring to Teens (15-19)

Indicator Description:

- A. Kansas Health Matters reports that from 2008-2010, 11% of births in Shawnee County occurred among mothers 15-19 years of age as compared to 10.1% of births in Kansas.
- B. The Community Perception Survey ranks births occurring to teens (15-19 years of age) as the 10th priority health indicator among 48 possible choices.
- C. The focus groups report indicated that health related issues specific to children and youth, including teen pregnancies, were identified as a major health problem in Shawnee County.
- D. The public health experts did not specifically identify births occurring to teens as a top health priority to be addressed but instead listed the overarching priorities of education, children health, access to healthcare and prevention.

Discussion:

In Kansas, 4,229 births occurred to women 15-19 years of age, representing 10.2 percent of the births in 2009.¹

There are many social and economic implications related to teen births. Teen mothers are more likely to drop out of high school, earn less income, and rely more on public assistance.

Teen mothers are also less likely to receive adequate prenatal care, which has negative health impacts for their children. Early prenatal care is important for identifying pregnancy risks and assuring healthy birth outcomes.

Infants born to teen mothers are more likely to be born prematurely or to have a low birth weight. Low birth weight and prematurity increases the likelihood of adverse conditions, such as infant death, blindness, deafness, mental retardation and cerebral palsy.

The children born to teen mothers are at greater risk for emotional and physical abuse, are more likely to drop out of school, to give birth out of wedlock, and to become dependent on public assistance. Children born to teen mothers are also at increased risk for incarceration and female children are more likely to become teen mothers.

Leading causes of infant deaths include birth defects, pre-term delivery, low birth weight, SIDS and maternal complications during pregnancy. Contributing factors include insufficient pre-natal care, teen pregnancy and birth spacing.

HP 2020 goal is to reduce pregnancies among adolescent females aged 15 to 17 years to 36.2 pregnancies per 1,000. HP 2020 goal is to reduce pregnancies among adolescent females aged 18 to 19 years to 105.9 per 1,000.

1. **Kansas Health Matters, Community Dashboards**

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Summary of the 14 Identified Health Issues

Access to Care Issues



Community Health Issue: Adults with Diagnosed Diabetes

Indicators: Percentage of Adults with Diagnosed Diabetes

Indicator Description:

- A. Kansas Health Matters reports 9.3% of Shawnee County adults are diagnosed with diabetes, compared to 8.5% of Kansas adults
- B. The Community Perception Survey reports diabetes as one of the top ten health challenges in Shawnee County.
- C. The focus groups report centered on six major themes: lack of awareness among residents and service providers, child and youth related problems, lack of health insurance coverage, general societal ills, problems related to an aging population, and issues related to mental health.
- D. The public health experts did not specifically identify adults with diagnosed diabetes, but the overarching priorities of obesity, lack of health insurance, lack of preventive care, poverty and access to healthy food and recreational opportunities.

Discussion:

“ This indicator shows the percentage of adults that have ever been diagnosed with diabetes. Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.

In 2007, diabetes was the seventh leading cause of death in the United States. In 2010, an estimated 25.8 million people or 8.3% of the population had diabetes. Diabetes disproportionately affects minority populations and the elderly and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be \$116 billion.” According to Kansas Health Matters.

HP 2020 goal is to reduce the percentage of new cases of diabetes to 7.2 per 1,000 population aged 18 - 64 years old.

Community Health Issue: Adults with and At Risk for Heart Disease and Stroke

Indicators: Percentage of adults with Hypertension

Percentage of adults with High Cholesterol

Congestive Heart Failure Hospital Admission Rate

Heart Disease Hospital Admission Rate

Indicator Description:

- A. Kansas Health Matters reports that:
 - a. 30.5% of Shawnee County adults have hypertension compared to 28.7% in Kansas. This indicator shows the percentage of adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension).
 - b. 41.7% of Shawnee County adults have high cholesterol compared to 38.6% in Kansas. This indicator shows the percentage of adults who have had their blood cholesterol checked and have been told that it was high.
 - c. 210.29 per 100,000 Shawnee County residents are admitted to the hospital with congestive heart failure, per year compared to 308.1 per 100,000 in Kansas.
 - d. 344.91 per 100,000 Shawnee County residents are admitted to the hospital with heart disease, per year compared to 625.6 per 100,000 in Kansas.
- B. Responses of the Community Perception Survey reflect that issues of heart disease and stroke need somewhat more attention ranging from mean scores of 3.75 and 4.05 (some attention to somewhat more attention). Although the mean scores were similar, organization members ranked heart disease hospital admission and rates higher and percentage of adults with high cholesterol than community members.
- C. The focus groups report indicated awareness of available health services and health related issues specific to seniors and minorities as major health issues or problems in Shawnee County.
- D. The public health experts did not specifically identify heart disease and stroke as a top health priority to be addressed but instead listed the overarching priorities of education, access to healthcare and prevention.

Discussion:

High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure, and atherosclerosis. It is particularly prevalent in African Americans, older adults, obese people, heavy drinkers, and women taking birth control

pills. Blood pressure can be controlled through lifestyle changes including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, controlling your weight, and staying physically active.

High blood cholesterol is one of the major risk factors for heart disease. Studies show that the higher the blood cholesterol level, the greater the risks for developing heart disease or having a heart attack. Heart disease is the number one killer of men and women in the United States. The Healthy People 2020 national health target is to reduce the proportion of adults aged 20 years and older with high total blood cholesterol levels to 13.5%.

HP 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9%.

Community Health Issue: Infant Mortality Rate

Indicators: Infant Mortality Rate

Indicator Description:

- A. Kansas Health Matters reports from 2006-2010 there were 8.34 infant deaths per 1,000 live births in Shawnee County compared to 7.13 infant deaths per 1,000 live births in Kansas. *More recent data has come out since the initial report and is as follows: According to Kansas Information for Communities and the Kansas Department of Health and Environment from 2009-2011 9.5% of live births were to mothers 15-19 years of age. Statewide in 2009, 10.3% of live births were to mothers 15-19 years of age.*
- B. The Community Perception Survey ranks infant mortality as the 17th priority health indicator among 48 possible choices.
- C. The focus groups report indicated that health related issues specific to children and youth; including teen pregnancies, low birth weight babies, and lack of adequate prenatal care, were identified as major health problems in Shawnee County.
- D. The public health experts did not specifically identify infant mortality as a top health priority to be addressed but instead listed the overarching priorities of education, access to health care and prevention.

Discussion:

Infant mortality is an important indicator of the health and well-being of a community. In 2010, there were 8.34 infant deaths per 1,000 live births in Shawnee County.¹ The leading causes of infant deaths include birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

There are a variety of factors that influence the issue of infant mortality. Contributing factors include poverty and health behaviors that lead to poor infant health outcomes. Health behaviors such as maternal smoking, drug and alcohol abuse, poor nutrition, and stress all contribute to poor infant health outcomes. Insufficient prenatal care, teen pregnancy, and birth spacing are additional areas of concern.

Education for child-bearing women is linked to better knowledge and empowerment, better jobs, more income, health insurance, and better prenatal care. Education for women, families and caregivers of infants on topics such as appropriate nutrition, breastfeeding benefits, safe sleep positions and sleep environments for infants, smoking dangers, and immunization requirements can decrease the risk for infant mortality.

Leading causes of infant deaths include birth defects, pre-term delivery, low birth weight, SIDS and maternal complications during pregnancy. Contributing factors include insufficient pre-natal care, teen pregnancy and birth spacing.

HP 2020 goal is 6 infant deaths per 1,000 per live births.

Sources: Kansas Health Matters, Community Dashboards, *Infant Mortality Rates*, 2010.

Community Health Issue: Infants Fully Immunized at 24 Months

Indicators: Percent of Infants Fully Immunized at 24 Months

Indicator Description:

- A. Kansas Health Matters reported that 72.2 % of infants in Shawnee County were immunized with the 4 DTaP, 3 Polio, 1 MMR, 3 Haemophilus influenza type b, and 3 Hepatitis B vaccines (the 4:3:1:3:3 series) by 24 months of age as compared to 71.7% in Kansas. Data for this indicator is from the Retrospective Immunization Coverage Survey for 2007-2008 (School Year 2011-2012).
- B. The Community Perception Survey ranks infants being fully immunized at 24 months as the 11th priority health indicator among 48 possible choices.
- C. The focus groups report indicated awareness of available health services and health related issues specific to children and youth as major health issues or problems in Shawnee County.
- D. The public health experts did not specifically identify infants being fully immunized at 24 months as a top health priority to be addressed but instead listed the overarching priorities of education, access to healthcare and prevention.

Discussion:

Vaccines prevent infectious disease outbreaks and saves lives. Without vaccines, children are at risk for illness, disability, and even death from diseases such as whooping cough, polio, and influenza.

Infants get some temporary immunity from moms during the last few weeks of pregnancy and from breastfeeding. These antibodies do not last long, which leaves infants vulnerable to disease. The diseases that childhood vaccines prevent are most likely to occur when children are very young and the risk of complications is greatest. For this reason early vaccination is very important.

Some children are unable to receive certain vaccines due to medical reasons. These children rely on the immunity of the people around them for protection from vaccine preventable diseases. If immunization rates drop within the community then vaccine-preventable diseases may become a common threat.

HP 2020 goal is for 90% of infants to be fully immunized at 24 months with the 4:3:1:3:3 series.

(4 DTAP; 3 Polio; 1 MMR; 3 HIB; 3 Hepatitis B.)

Community Health Issue: Children without Adequate Oral Health

Indicators: Percentage of Screened K-12 Grade Students with Obvious Dental Decay

Percentage of Screened 3-12 Grade Students with No Dental Sealants

Indicator Description:

- A. Kansas Health Matters reports that 55.2% of screened children in grades 3-12 do not have dental sealants. 18% of screened children in grades Kindergarten-12 have obvious dental decay.
- B. The Community Perception Survey reports that the issue of children without adequate oral health is an issue that needs somewhat more attention. The issue of obvious dental decay had a higher mean score (mean = 4.19) than the issue of no dental sealants (mean = 3.91).
- C. The focus groups report indicated awareness of available health services and health related issues specific to children and youth as major health issues or problems in Shawnee County. They also commented that there was a lack of access to dental care.
- D. The public health experts report mentioned adequate dental care as a priority that should be addressed.

Discussion:

The first indicator shows the percentage of children with no dental sealants present on any tooth, grades 3-12, who participated in dental screenings by calibrated licensed dentists and hygienists at their schools. The second indicator shows the percentage of obvious dental decay found in children grades K-12, who participated in dental screenings by calibrated licensed dentists and hygienists at their schools.

Children with untreated oral disease often experience persistent pain, the inability to eat comfortably or chew well, embarrassment at discolored and damaged teeth, and distraction from play and learning. Nationally more than 51 million school hours are lost each year because of dental-related illness. Oral health screenings provide schools with an opportunity to focus on the importance of good oral health. Screenings also identify children with untreated dental disease and assist schools with appropriate referrals to dental professionals.

Technical Note: The data are from a convenience sample. Only those schools that participated in the statewide oral health-screening program implemented by the Bureau of Oral Health to satisfy the Kansas State Statute for Annual Dental Inspection (K.S.A. 72-5201) are entered into the database.

Regarding a US Value comparison and a HP2020 target, there is no direct comparison that can be made to Kansas 'No Dental Sealant' data. The national and HP2020 values are from a survey of age groups 6 to 9 and 13 to 15 years of age based on the National Health & Nutrition Examination Survey (NHANES), CDC, and NCHS criteria. The Kansas criteria for its data are school grade levels 3 -12. The national value and **HP 2020 target for 'No Dental Sealants' of age group 6 to 9 is 25.5 percent and 28.1 percent respectively and 19.9 percent and 21.9 percent respectively for age group 13 to 15. The national value and HP2020**

target for 'Obvious Dental Decay' of age group 6 to 9 is 28.8 percent and 25.9 percent, respectively, and 17.0 percent and 15.3 percent, respectively, for age group 13 to 15.

Community Health Issue: Access to Health Services

Indicators: Ratio of Population to Primary Care Physicians

Uninsured Adult Population Rate

Families Living Below Poverty Level

Unemployed Workers in Civilian Labor Force

Average Monthly WIC Participation

Indicator Description:

Kansas Health Matters reports:

- a. Ratio of Population to Primary Care Physicians in Shawnee County is 1770.3 population per physician, compared to the statewide rate of 1750.5.
 - b. Uninsured Adult Population Rate in Shawnee County is 16.6%, compared to the statewide rate of 17.3%. In Shawnee County this rate is increasing.
 - c. Families Living Below Poverty Level in Shawnee County is 11.1%, compared to the statewide rate of 10.4%. In Shawnee County this rate is increasing.
 - d. Unemployed Workers in Civilian Labor Force in Shawnee County is 6.9%, compared to the statewide average of 7.5%.
- B. Average Monthly WIC Participation in Shawnee County is 31.2 cases per 1,000 population, compared to the statewide rate of 29.1. In Shawnee County this rate is increasing. The Community Perception Survey reports the ratio of population to primary care physician in the top tier of issues facing the community. Also in that top tier are several issues, such as diabetes, heart disease and stroke, which require access to health care services.
- C. The focus groups report that increasing access to needed services was their second priority. Consumers also need to know how to access services and what services are available. The community-wide focus group also mentioned the different health and social service providers could do a better job of coordinating their services.
- D. The public health experts' second priority on issues needing to be addressed was access to healthcare and prevention. This also includes expanding the capacity to care for the uninsured.

Discussion:

Access to health services was the top issue identified by the qualitative research (focus groups and public health experts). Barriers to health services include lack of insurance, lack of available providers, lack of understanding the healthcare system, and a lack of transportation to needed services. Locally, the current services for providing care to the uninsured and indigent are strained and not meeting the needs of our community.

The Patient Protection and Affordable Care Act should greatly reduce those without health insurance, a top barrier to access. In 2014, almost 32 million Americans will have health insurance for the first time. However, the current health care system is already strained trying to provide adequate and timely primary care.

The number of available providers is another issue. Primary care physicians (PCP) play an essential role in providing and coordinating high-quality health care. Through their PCP people have access to essential services such as, prenatal care, cancer screenings, and eventually medical homes to address chronic health problems. While Shawnee County's current ratio of PCP to population is slightly worse than the state, future shortages are projected due to an increasing demand and a decline in the number of medical students choosing primary care. Healthy People 2020 goals include increasing the number of primary care physicians, physician assistants and nurse practitioners.

Awareness of available health and social services and transportation issues are priority issues identified by the CHNA and are addressed separately.

Healthy People 2020 national targets are to increase the proportion of persons with health insurance from 83% to 100% and to increase the proportion of persons with a primary care physician from 76.3% to 83.9%.

Community Health Issue: Knowledge of Available Health/Social Services

Indicators: Health Education

Indicator Description:

- A. Kansas Health Matters had no indicator directly linked to this component of access to health care.
- B. The Community Perception Survey had no issue directly linked to this issue.
- C. The focus groups report identified health education as the top priority. This includes an awareness of services and access to health related education.
- D. The public health experts report their number one priority issue is education addressing nutrition, promotion of healthy lifestyles, health and wellness, and health education in schools.

Discussion:

One significant barrier to accessing health care is the knowledge of what services are available and how to utilize those services, even for those with health insurance. This was a very clear and strong message from the community focus group. For most people the huge, vast health care system is intimidating and overwhelming. People in the health care system with major health issues often have a navigator to assist them with the complexities of the system. People outside the health care system may require a similar resource. The focus groups also noted that health care services could be decentralized, with neighborhood locations. This would increase access and reduce the intimidation factor of the health care system.

Health education emerged as the top priority of the qualitative research (focus groups/public health experts). This education should include school programs on health and wellness, including physical education, along with the promotion of healthy lifestyles to the general public.

It should be noted that the focus groups and the Assessment Advisory Committee also identified personal responsibility as a key issue. Eventually living a healthy life and determining how to effectively utilize the health care system is each individual's responsibility.

Community Health Issue: Transportation Connecting Persons to Services and Recreation

Indicators: Transportation Connecting Persons to Health Services

Percentage of Households without a Vehicle

Indicator Description:

- A. Kansas Health Matters reports 6.8% of Shawnee County households do not have a vehicle, compared to a statewide average of 5.7%.
- B. The Community Perception Survey had no issue directly linked to this issue.
- C. The focus groups reported that transportation to medical and health care was an essential part of a healthy community.
- D. The public health experts reported top issues that should be addressed and transportation was fourth.

Discussion:

Kansas Health Matters reports that people living in a household without a car generally make fewer than half the number of trips compared to households with a car. This limits access to essential local services, such as grocery stores, physician offices and hospitals.

The qualitative research identified transportation, especially to health care services, as one of the top priorities. The community focus groups noted that close proximity to a bus route was often not enough. For some people, going one block might as well be five miles.

Numerous transportation services exist in the community. Some are commercial, but several United Way agencies provided transportation for health care trips.

2012 HEALTHY
Shawnee County
Community Health
NEEDS ASSESSMENT

Appendices



Appendix I

Kansas Health Matters

www.kansashealthmatters.org

Kansas Health Matters is a one-stop source of non-biased data and information about community health in Kansas. It is intended to help hospitals, health departments, policy makers, community planners and members learn about issues, identify improvements and collaborate for positive change.

Kansas Health Matters was established and is maintained by the Kansas Partnership for Improving Community Health (KanPICH). The partners are:

- Kansas Association for the Medically Underserved
- Kansas Association of Local Health Departments
- Kansas Department of Health and Environment
- Kansas Health Foundation
- Kansas Health Institute
- Kansas Hospital Association
- United Way of the Plains
- University of Kansas Work Group for Community Health and Development

Kansas Health Matters provides a user-friendly approach to compare a Kansas county's health with other Kansas counties, the nation, and 2020 targets. Currently there are 103 health indicators that can be analyzed.

Kansas Health Matters also has a Community Health Needs Assessment Toolbox. This feature has links to the best tools, resources and promising practices.

Appendix II

Healthy Shawnee County Community Perception Survey Report

Giju George, Victoria Okhominina and Ebunoluwa Akinbola
Consultants, Biostatistics and Evaluation Services and Training (BEST) Center
University of North Texas Health Science Center
School of Public Health

October 24, 2012

From July to August 2012, the Healthy Shawnee County Task Force, with representatives from St. Francis Health Center, Shawnee County Health Agency and Stormont-Vail HealthCare, conducted an online survey titled, *The Healthy Shawnee County Community Health Needs Assessment*. The Healthy Shawnee County Task Force administered the survey to Shawnee County community residents and to organizational representatives identified by the Task Force as entities that are stakeholders in ensuring the health and well-being of Shawnee County residents and communities. The Task Force designed the survey to meet the regulatory requirements of the health care members and the community health assessment responsibilities of the public health organizational members. The purpose of The Healthy Shawnee County Task Force is to understand, prioritize and develop a plan to respond to improve community health and well-being.

Methods

The Healthy Shawnee County Task Force survey solicited confidential responses from community and organizational members about the relative importance of multiple public health indicators. The public health indicators came directly from the [Kansas Health Matters](#), an electronic information source readily accessed from KDHE. The indicators have technical definitions (e.g., Age-adjusted Cancer Mortality Rate per 100,000 Population). For this reason, each survey indicator was hyperlinked to Shawnee County information on the [Kansas Health Matters](#) website.

On September 12, 2012, Mary Homan, St. Francis Health Center, requested assistance from the Biostatistics and Evaluation Services and Training (BEST) Center at the University of North Texas Health Sciences Center School of Public Health. The BEST consultants assisted Ms. Homan with (a) cleaning and analyzing the survey data to identify top health priorities; (b) comparing these priorities to priority health areas identified using epidemiologic data available from the state via the *Kansas Health Matters* web-based dashboard (<http://www.kansashealthmatters.org/>); and (c) producing a communication product for the *Healthy Shawnee County Task Force* and community stakeholders.

Available online via *Survey Monkey* from July 16, 2012 to August 31, 2012, the survey was completed by 548 community members and 229 organization members. The survey data were downloaded from *Survey Monkey* into Excel files and analyzed using IBM SPSS v.19. Survey participants evaluated 48 indicators

(e.g., Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate) organized in 14 clusters (e.g., Respiratory Diseases). For each health indicator, survey participants selected a single response on a five-point Likert scale. The scale values were: 1=Much Less Attention; 2= Somewhat Less Attention; 3 = Some Attention; 4 = Somewhat More Attention; and 5 = Much More Attention. Mean scores were computed for each indicator, separately for the community and organizational respondents.

The mean scores were rank ordered for the community and organizational respondent groups. The ranked priorities (for both individual indicators and indicator clusters) were quite similar for the two groups. Ms. Homan, along with the consultants, studied the indicator and cluster rankings for natural breaks, arranged the indicator scores into quartiles, and looked for patterns of related indicators. They also studied the indicators in the top quartile (highest rankings) from a prevention perspective, that is, they identified clusters of indicators for point to a shared prevention strategy. The highest ranked priority areas can be clustered in the category of healthy lifestyles (including wellness, heart disease, diabetes, sexually transmitted disease). A second set of the high ranking indicators relate to access to care (including dental, mental health, immunizations, and primary care services). A third set of indicators cluster around infant mortality and risk factors for poor infant health and mortality (including teen birth, premature birth, infant death and maternal smoking during pregnancy). It is important to note that infant mortality is also used worldwide as a sentinel indicator of a community's health.

Findings

Table 1 summarizes the top ranked clusters and indicators of health among the community and organizational respondent groups. Indicator groups measuring diabetes, nutrition, weight, mental health, oral health, heart disease and stroke were ranked as top priority for both communities (mean scores: 3.85-4.38). The following priority group (mean scores: 3.45 -3.84) included indicator groups for maternal, fetus, and infant death, access to services, immunizations and infectious diseases. Indicators measuring mortality data, prevention, and safety were ranked as the lowest priority (mean score=3.4-3.41).

Generally, perceptions among organization members and community members agree. Among the highest priority items (red categories), both groups ranked the indicators identically with the exception of indicators in the heart disease and stroke categories. Although the mean scores were similar, organization members ranked "heart disease hospital admissions and rates" higher and "percentage of adults with high cholesterol" than community members. Rankings in the maternal, fetus, and infant death also differed between the groups. For both groups, teen births and infant mortality held top rankings while the number of births per 1,000 and the percent of births occurring to unmarried women held the lowest ranks. However, community member mean scores ranged from 3.12 to 4.08 while organization member scores ranged from 3.42 to 4.22. In the lowest priority group (yellow categories), the mortality indicator rankings do not match as well. Community members perceived suicide mortality to need more attention than organization members. In turn, organization members perceived Cerebrovascular Disease Mortality rate and Chronic Lower Respiratory Disease Mortality rate to need more attention.

Figure 1 summarizes the mean priority scoring of the indicators in these three cluster areas. Although the mean scores are higher from the organization members both groups scored the categories similarly. Lifestyle

indicators were perceived as in need of the most attention, followed by access to care and finally infant mortality. In the lifestyle category are indicators primarily from the high priority categories. This includes indicators for nutrition, mental and physical health, health conditions, as well as the indicator for sexually transmitted diseases. Indicators for the access to service include access to services such as medical, dental, and preventative health services. Infant Mortality included the infant mortality rate indicator.

Table 1. Healthy Shawnee County Community Health Survey: Priority Needs and Indicators

Priority Ranking		Priority Health Needs and Related Health Indicators	Mean Score (1 to 5) ¹	
Community	Organization		Community	Organization
DIABETES (4.38)				
1	1	Percentage of Adults with Diagnosed Diabetes	4.20	4.56
EXERCISE, NUTRITION, & WEIGHT (4.30)				
1	1	Percentage of Adults Who Are Obese	4.45	4.58
2	2	Percentage of Adults Who Are Overweight	4.31	4.40
3	3	Percentage of Adults Participating in Recommended Level of Physical Activity	4.26	4.25
4	4	Percentage of Adults Consuming Fruits and Vegetables Five or More Times Per Day	4.08	4.08
MENTAL HEALTH & MENTAL DISORDERS (4.28)				
1	1	Percentage of Adults Who Reported Their Mental Health Was Not Good on 14 or More Days, Past 30 Days	4.27	4.28
ORAL HEALTH (4.05)				
1	1	Percentage of Screened K-12 Grade Students with Obvious Dental Decay	4.14	4.24
2	2	Percentage of Screened 3-12 Grade Students with No Dental Sealants	3.88	3.94
HEART DISEASE & STROKE (3.9)				
1	1	Percentage Of Adults With Hypertension	4.04	4.05
2	3	Percentage Of Adults With High Cholesterol	3.93	3.90
3	4	Congestive Heart Failure Hospital Admission Rate	3.75	3.85
4	2	Heart Disease Hospital Admission Rate	3.75	3.92
WELLNESS & LIFESTYLE (3.81)				
1	1	Percentage of Adults with Fair or Poor Self-Perceived Health Status	3.81	3.80

¹ 1=Much Less Attention; 2= Somewhat Less Attention; 3 = Some Attention; 4 = Somewhat More Attention; 5 = Much More Attention.

IMMUNIZATIONS & INFECTIOUS DISEASES (3.78)				
1	2	Percent of Infants Fully Immunized at 24 Months	4.12	4.13
2	1	Sexually Transmitted Disease Rate	3.87	4.15
3	3	Bacterial Pneumonia Hospital Admission Rate	3.50	3.63
4	4	Percentage of Adults Ages 18 Years and Older Who Received a Flu Shot During the Past 12 Months	3.44	3.43
Maternal, Fetal, & Infant Health (3.72)				
1	1	Percent of All Births Occurring to Teens (15-19)	4.08	4.22
2	3	Infant Mortality Rate	3.91	4.02
3	4	Percent of Births where Mother Smoked During Pregnancy	3.88	3.95
4	2	Percentage of Premature Births	3.78	4.03
5	7	Percent of Births Prenatal Care Began in First Trimester	3.70	3.62
6	5	Percent of Births with Low Birth Weight	3.65	3.92
7	6	Percent of Births with Inadequate Birth Spacing	3.27	3.63
8	8	Number of Births per 1,000 Population	3.24	3.47
9	9	Percent of Births Occurring to Unmarried Women	3.12	3.42
ACCESS TO HEALTH SERVICES (3.71)				
1	1	Ratio of Population to Primary Care Physicians	3.96	4.07
2	2	Average Monthly WIC Participation	3.56	3.60
3	3	Staffed Hospital Bed Ratio	3.47	3.58
SUBSTANCE ABUSE (3.59)				
1	1	Percentage of Adults Who Currently Smoke Cigarettes	3.80	3.69
2	1	Percentage of Adults Who are Binge Drinkers	3.79	3.69
RESPIRATORY DISEASES (3.50)				
1	1	Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate	3.48	3.51
CHILDREN'S HEALTH (3.49)				
1	1	Percentage of Mothers Breastfeeding Exclusively	3.41	3.56
MORTALITY DATA (PER 100,000 POPULATION) (3.41)				
1	1	Age-Adjusted Diabetes Mortality Rate per 100,000 Population	3.69	3.91
2	2	Age-adjusted Heart Disease Mortality Rate per 100,000 Population	3.63	3.85
3	3	Age-Adjusted Homicide Mortality Rate per 100,000 Population	3.56	3.59
4	7	Age-Adjusted Years of Potential Life Lost – Suicide	3.55	3.39
5	5	Age-Adjusted Cancer Mortality Rate per 100,000 Population	3.54	3.44
6	5	Age-Adjusted Years of Potential Life Lost – Cancer	3.47	3.44

7	8	Age-Adjusted Years of Potential Life Lost - Alzheimer's	3.44	3.35
8	4	Age-Adjusted Cerebrovascular Disease Mortality Rate per 100,000 Population	3.40	3.48
9	6	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 Population	3.29	3.41
10	11	Age-Adjusted Years of Potential Life Lost - Traffic Injury	3.28	3.06
11	6	Age-adjusted Atherosclerosis Mortality Rate per 100,000 Population	3.24	3.41
12	10	Age-Adjusted Years of Potential Life Lost - Atherosclerosis	3.18	3.30
13	9	Age-Adjusted Years of Potential Life Lost - Nephritis, Nephrotic Syndrome Nephrosis	3.14	3.24
14	12	Age-Adjusted Years of Potential Life Lost - Unintentional Injuries	3.10	3.04
PREVENTION & SAFETY (3.40)				
1	1	Injury Hospital Admission Rate	3.37	3.43

Figure 1. Mean Rankings¹ of Lifestyle, Access to Care and Infant Mortality Indicators, Healthy Shawnee County Community Health Survey, August 2012

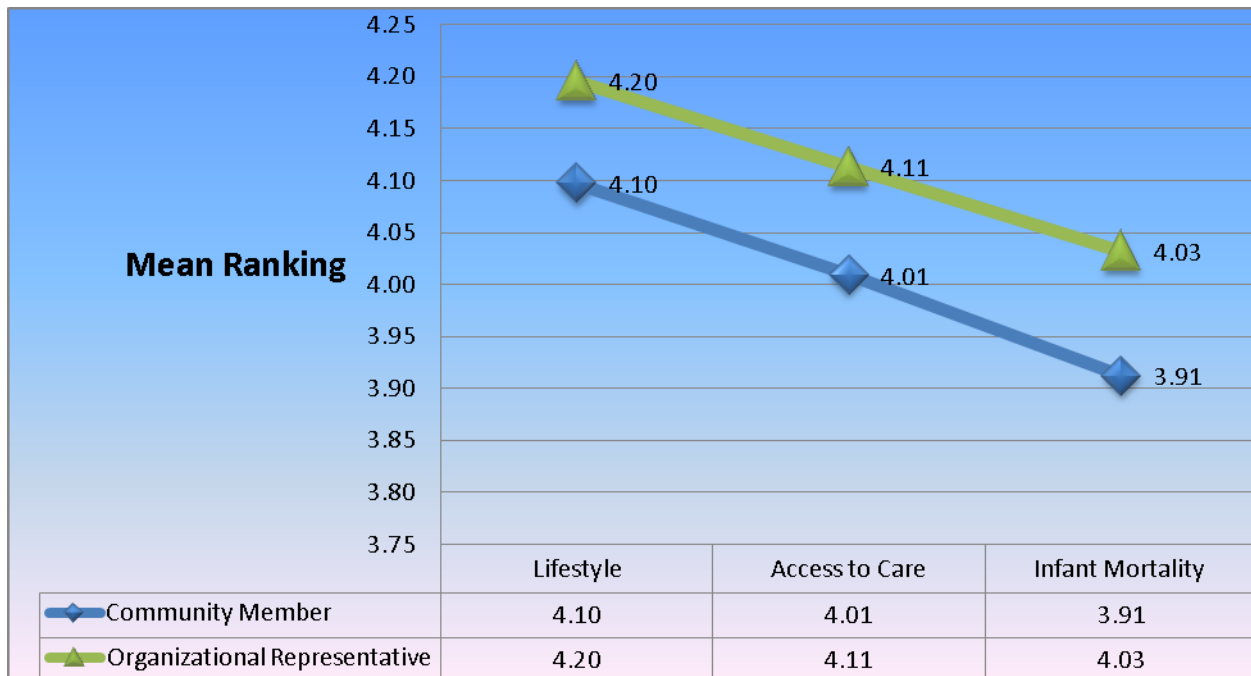


Table 2. Indicator Clusters and Indicators	
Lifestyle indicators	Percentage of Adults with Diagnosed Diabetes, Percentage of Adults Who Are Obese, Percentage of Adults Who Are Overweight, Percentage of Adults Participating in Recommended Level of Physical Activity, Percentage of Adults Who Reported Their Mental Health Was Not Good on 14 or More Days in the Past 30, Percentage of Adults Consuming Fruits and Vegetables Five or More Times Per Day, Percentage Of Adults With Hypertension, Sexually Transmitted Disease Rate, Percentage Of Adults With High Cholesterol, Congestive Heart Failure
Access to care indicators	Percentage of Adults with Diagnosed Diabetes, Percentage of Screened K-12 Grade Students with Obvious Dental Decay, Percent of Infants Fully Immunized at 24 Months, Ratio of Population to Primary Care Physicians, Heart Disease Hospital Admission Rate , Percentage of Screened 3-12 Grade Students with No Dental Sealants
Infant Mortality Indicator	Infant Mortality Rate

Discussion

Indicators that were grouped into lifestyle cluster (indicators related to diabetes; exercise, nutrition and weight; heart disease and stroke; and immunization and infectious disease) had the highest mean response. Community members and organizational representatives both agree that these issues warrant the most attention. Changes in policy that can promote better lifestyles in Shawnee County are a key consideration for Shawnee County policy makers. Further research is needed on how to accomplish this task. This can include investigating parks and recreation areas of Shawnee County for inefficiencies and educating members of the community on better diet and nutrition.

Healthy Lifestyles

The increasing percentage of Americans affected by chronic conditions has placed nutrition, physical activity and obesity among the top priorities for Healthy People 2020. Chronic conditions such as diabetes, stroke, and hypertension are among the top causes of preventable deaths in the nation. A lack of physical activity and poor dietary habits may lead to these chronic conditions and possibly obesity and injury (Centers for Disease Control and Prevention, 2012). Perceptions among organizational leaders and community members agree that health factors and outcomes associated with individual lifestyle choices are among the top concerns for Shawnee County. The top wellness and lifestyle concerns included the percentage of adults who are obese or overweight, diabetes, heart disease and stroke as well as the sexually transmitted disease rate. Specifically, indicators related to body mass received the most concern from both groups. Maintaining a healthy weight and regularly consuming fruits and vegetables may reduce the risk of developing the

previously mentioned chronic conditions as well and ensure healthier pregnancies and longer life expectancies (US Department of Health and Human Services, 2012).

Access to Care

According to the American Medical Association, 59 million individuals reported that they delayed or did not receive needed health care in 2007 compared to 36 million in 2003. Problems related to delayed access to care will only increase as the population of Shawnee County increases. According to the Institute for Policy and Social Research at the University of Kansas, Shawnee County is expected to grow to 186,148. This will require Shawnee County policy makers to pay closer attention to inefficiencies and barriers in the current system. Access to health care includes access to dental care, mental health services, immunizations and primary prevention services as well as home health, primary care services and hospital care. In particular, residents of Shawnee County desire more attention to oral health screenings.

Infant mortality

Infant mortality (IM) is generally used as a measure of health across and within countries. The Infant Mortality Rate (IMR) measures IM, which is the number of deaths of children less than one year of age per 1000 live births. IM is a key health measure because it is considered to be a sentinel measure of a community's well-being. Many factors contribute to IM. These factors can be grouped into medical, environmental, economic and cultural causes. Medical causes include low birth weight, dehydration, prematurity, malnutrition and infections. Environmental causes may range from inhaling cigarette smoke during pregnancy to water and air pollution. Cultural causes may include gender favoritism, teen births, birth spacing and maternal education.

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US Department of Health and Human Services. (2012, October 5). *HealthyPeople.gov*. Retrieved October 19, 2012, from <http://www.healthypeople.gov/2020/default.aspx>.

Appendix III Healthy Shawnee County – Focus Groups

One component of the data collection process was obtaining qualitative data from health care professionals and the public. The Healthy Shawnee County Task Force accomplished this with a series of three focus groups. Mark Virden, president of Virden Associates of Kansas City, facilitated these focus groups. All three groups were held at the Topeka-Shawnee County Public Library. Below is a list of the focus group participants. The final report from Virden Associates follows.

Healthcare Professionals, August 15, 2012 representatives from:

Select Specialty Hospital	Auburn Washburn School District
Cotton-O’Neil ExpressCare	Health Connections (Ask-A-Nurse)
Kansas Rehab Hospital	Stormont-Vail Behavioral Services
Aldersgate Village	Marian Clinic
Stormont-Vail Emergency Department	Shawnee County Health Agency
St. Francis Emergency Department	Washburn University
Baker School of Nursing	Washburn School of Nursing

Social Service Agencies, August 16, 2012 representative from:

United Way of Greater Topeka	<i>HealthAccess</i>
American Red Cross	Housing and Credit Counseling
Catholic Charities	Breakthrough House
Family Service and Guidance	Let’s Help
Topeka Community Foundation	Shawnee County Department of Corrections
Doorstep	Midland Care
Meals on Wheels	Brewster Place
Valeo Behavioral Health	Stormont-Vail Case Manager
Topeka Association for Retarded Citizens	

Topeka Neighborhood Associations/Community Volunteers, August 16, 2012 representatives from:

College Hill Neighborhood	Quinton Heights Neighborhood
Greater Auburndale Neighborhood	Rolling Meadows Neighborhood
Southern Hills Neighborhood	Oakland Neighborhood
Elmhurst Neighborhood	Stormont-Vail Community Advisory Council
Community Volunteers – 3	

Healthy Shawnee County Focus Group Report 2012

Healthy Shawnee County Task Force

Submitted by: Virden Associates

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1. INTRODUCTION

Three focus groups were held on August 15th and 16th in Topeka, Kansas. There were 47 participants. The first group included 20 representatives from social service agencies operating in Shawnee County. Seventeen different organizations were represented. The second group included 16 "frontline" healthcare professionals representing a wide variety of organizations including acute and other types of hospitals, schools of nursing, skilled nursing facilities, retirement communities, physicians, mental health services, and clinics. The third group consisted of 11 participants from various neighborhoods along with other area volunteers.

Participants lived throughout the county from older neighborhoods in the central city to suburban residential developments.

The groups were told that the purpose of the discussion was to "gather your impressions about Shawnee County's health, health services, health problems, and healthcare needs". They were to feel free to express both positive and negative comments. In fact, the participants were very candid.

Each group discussion lasted about ninety minutes. The following summary highlights the discussion. All direct quotes from participants are enclosed in quotation marks. In some cases, brackets are used within quotes to contain phrases or words to clarify the speaker's intent.

2. STATEMENT OF LIMITATIONS

The primary purpose of focus groups is to provide insight and identify key issues. Focus group information cannot be generalized to the rest of the community. Certain biases exist in focus groups. Participants tend to be more outspoken and articulate than the average person. Their opinions may not necessarily represent those of all citizens. Participants were recruited to obtain a good mix of area residents in terms of age, sex, residential location, and representation or profession.

The appropriate use of focus group research can make it a valuable tool for developing strategies, improving services, and providing new services. It should not be used to estimate actual public opinion or determine the financial feasibility or potential utilization of new programs.

3. WHAT MAKES A HEALTHY COMMUNITY?

Participants were asked to describe a healthy community, to discuss "the most important characteristics of a healthy community". A wide variety of responses were given but five major and three minor themes emerged:

1. Basic needs being met. This included healthy foods, a good education, clothing, affordable housing, and employment. As one summarized, "If you don't have shoes, you can't walk there."
2. Health education, especially for young children and their parents. They would be taught healthy habits, proper nutrition, and how to stay healthy. Others also said that health education would lead to more people taking responsibility for their own health. Personal responsibility was mentioned several times in this discussion. As one summarized, "Teach at an early age what health is all about, how to become healthy. It should be a regular part of the school curriculum."
3. Physical health. This included fitness, exercise, and access to opportunities to get and stay "fit". As one person said, "Lot's of exercise opportunities".
4. Transportation to medical and health care. A number of participants felt that there were many people who had "trouble getting to necessary health care services." Some felt it needed to be a higher priority "right up there with police and fire" protection. It was mentioned that some Topeka health care providers once provided transportation but stopped this service.
5. Awareness of services and access to health related information. This included "being informed about health risks" and having "access to necessary information" to allow people to make good healthy decisions. Some felt that even area health and human service providers needed to know "what was really available" and have contact numbers and networking opportunities. Essentially, a formalized clearinghouse for services.

Three additional minor themes emerged from the discussion:

The first centered around "access" to health care. In a healthy community, health care services would be available to everyone. There would also be a "broad spectrum of services". And, as mentioned above, people would be aware of necessary services so they could access them.

A second theme, mentioned by a few participants, was "wellness". Citizens would be well "physically, mentally, and economically." One said, "We would have better promotion" of health.

A third theme was that the "community would have a shared vision of what 'healthy' means, that we can get behind. We need a unified front and then embrace it." To be healthy, a community needed a "high degree of community involvement."

Other qualities of a health community mentioned included:

- good treatment and diagnosis of mental health
- a healthy and clean environment, clean water and streams
- a safe community with a low crime rate. "You can have all the trails" to exercise on but "if people are afraid to use them [they do not do any good]."
- "Good hospitals helping us keep healthy."
- There would be "trust among various competing interests" among government, business, and non-profits. "I am not sure this community has that."

4. MAJOR HEALTH ISSUES OR PROBLEMS

Participants were asked to discuss the "most important health issues or problems facing Shawnee County right now."

Overall, the group of health care providers tended to focus more on specific diseases or health problems in the population while the other two groups emphasized broader issues with the health delivery system, lack of awareness of resources, societal ills that affect health, and lack of health insurance coverage and the associated high cost of care.

Overall, the discussion centered on six major themes: lack of awareness among residents and service providers, child and youth related problems, lack of health insurance coverage, general societal ills, problems related to an aging population, and issues related to mental health.

1. Awareness of available health and human services among residents, patients and service providers themselves could be higher. Representative comments included:
 - "A lot [of people] don't know what is available in the community..."
 - "There is a lack of awareness...don't know where to start [for help]."
 - "Lack of awareness. We have a three page list yet you have no idea how many are not aware..."
 - "Agencies don't always know what other agencies are doing or providing."
 - "Not a lot of communication between the hospitals and neighborhoods [like] going out into neighborhoods and talking about programs..."

Neighborhood participants had a lengthy discussion about health care information, concluding that once a person enters the health care system he or she receives plenty of information but that often times there is not enough information on disease prevention or recognizing symptoms that one might have.

2. Health issues related to children and youth. Less likely to be discussed by the health care providers, the other two groups focused on problems related to youth including risky behaviors and lack of responsibility, lack of youth activities in some neighborhoods (or cost of organized sports programs), teen or unmarried mom pregnancies (and lack of peer support), low birth weight babies, and lack of adequate early-childhood health education and family intervention.
 - "We see a perception" among youth that their behaviors are "not risky" such as drug and alcohol use.
 - There is a "lack of activities for young people" and a "lack of parental involvement". Some felt it "depends on the neighborhood" and "money". There is a "lack of transportation" to such activities.
 - There is a "lack of peer support" for pregnant teens. Could we use student nurses to provide this support?
 - "Just look at children from age zero to eighteen." All the research shows that "health is determined by the first four years of life. Have we successfully, as a society, taught them about healthy foods, sugar, sodium. It's not just a medical issue." Another added, "Just look at the typical school lunch."
3. Health issues related to an aging population. Participants discussed issues such as elder abuse, the inability of state services to respond in a timely fashion due to "overload", the lack of coordination of Medicaid services, and the inability of some older people to find "physicians and specialists that take Medicare". The challenges of serving a relatively large "homebound population" were also discussed.
 - "I hear all the time that we need care delivered to the person. Providers do a little follow-up until they reach the limits of what they can do [due to reimbursement]."
 - We are an aging community and with that comes "chronic illness. They can't care for themselves in the home and then it becomes acute. There are not enough home health care givers."
4. Societal ills. Particularly for non-health care provider participants, considerable discussion centered around various societal ills seen as the cause of many of the health problems cited. These included the poverty cycle, the homeless population, unemployment and lack of business growth in the county, crime, and breakdown of the traditional family.
 - There is a large "homeless population in Topeka and Shawnee County" due to its location. "How do we treat them? A large number have mental health issues. We have lost many of our mental health facilities here."
 - "Unemployment is a huge issue. Get the Chamber of Commerce to bring in new business..."
 - The "crime rate" is growing. Others disagreed and said it was dropping. Some saw a

connection to lower-income areas and higher crime but one said that "Oakland is an exception. It has fairly low incomes but also a low crime rate. It has an active watch program."

- "There has been "a breakdown of the family unit".
5. Lack of health insurance coverage. A number of participants mentioned the number of uninsured or underinsured. This affected the ability to "get in to see a physician" and obtain necessary drug prescriptions and created a large demand for care delivered in the Marion Clinic. Inadequate Medicaid and Medicare coverage was described.
- "Are we dancing around the bear in the room. It's lack of health insurance. I don't think a lot of people realize that many health care workers on the low end, like nurses and nurses aides, do not have health insurance."
 - "There is a lack of resources [to obtain necessary care] and then chronic problems get worse leading to diabetes and heart disease. Our agency had 1,300 applications last quarter for pharmacy assistance." Another echoed, "The Marion Clinic provided \$2 million of free care" last year.
6. Lack of wellness, prevention, and population health management. Interestingly, those representing human service agencies and neighborhoods were more focused on health promotion issues than actual health providers. They discussed the lack of health food options, lack of prevention services and the need for providers to focus more on keeping people healthy than treating disease.
- "There is a lack of prevention. [We are just focusing on] the band-aide effect."
 - "Keep me healthy rather than treat me when I'm ill. We have centralized medicine and treat illnesses rather than health."
 - "We need a greater emphasis on prevention."
 - "I told my doctor he had it backwards. I should pay him money every month. And, the months I wasn't healthy I shouldn't pay him anything."

A few other specific issues were raised by at least two participants:

- Non-compliant patients along with lack of personal responsibility for one's own health
- Lack of access: to primary care, Medicaid nursing care beds, and dental care
- Lack of agency budgetary resources to deal with client demand
- Inappropriate use of hospital emergency rooms
- General neighborhood deterioration including loss of local schools.

Among specific diseases or population health problems, the most mentioned was mental illness and its care. Participants cited problems in finding suitable mental health treatment, problems of dual diagnoses of mental illness and chronic disease, dealing with mental illness in the criminal justice system, and lack of awareness of where to go for help.

5. FUTURE HEALTH ISSUES OR PROBLEMS

Participants were asked to discuss "the biggest challenges" or "health problems the county would face " in the near future". What emerging problems did they see?

The most discussion centered around expected large growth in the older population in Shawnee County. This included an increase in Alzheimer's and dementia, lack of advance directives by many seniors, increases in the chronically ill, the costs to the system from longer life spans, Medicaid and Medicare cuts, a lack of senior transportation, and need for more in-home care.

- "Elder care. It's huge... with changes in Medicare and Medicaid and the costs of caring for the last year of life."
- "The aging of the population. If it keeps going like it, is health care is going to be prohibitive [in cost]."
- "The big issue is lack of transportation for medical care. Stormont-Vail used to have this but got rid of it." Another older disabled participant echoed, "It's going to cost me \$20 to go four blocks. The Red Cross has some transportation but it's limited." Another responded, "Especially elderly still in their own homes. They don't have access to health care. We need health care in the neighborhoods."

Several neighborhood participants, in a theme echoed throughout their focus group, called for health care to be delivered to community neighborhood or health centers. During the senior transportation discussion above, one person said, "That would be useful [to have care delivered to local centers]. Have preventative care and health clinics. The satellites seem to be going into the nice middle class areas." One person did mention a health service "located out on California."

A second potential problem area also received some discussion: the impact of poor health behaviors among young persons. These included obesity, diabetes, respiratory and hearing problems, and the impact of higher smoking levels.

Ten other potential problems were mentioned in the discussion:

- Lack of enough physicians. This will send "more to the ER's and will require use of "more mid-levels" and a "team based approach."
- Homecoming of military personnel could increase levels of mental illness, family violence and substance abuse in the community.
- Cuts in Medicaid funding will affect access to care.
- Increasing numbers of homeless
- Increasing health care costs
- Declining volunteerism. "We rely heavily on volunteers [in certain areas of the health care system] but people are tired and the problems are getting bigger. We are running out of 'oomph'. We are going to have to be innovative."
- Mental health care. "What scares me is we are not doing enough as a community to get out of our silos and self-built empires and have more of a collaborative approach. There are not

enough different types of mental health care [in the area]. We are not being innovative enough."

- Need for more community-neighborhood care
- The health care system will remain disjointed and access difficult. We will need "navigators" to assist people get through it and use it. Another said, "How are we going to dispense medical care? The insurance model or the public option or the single payer? It may be more like a public utility in the future where even for-profits will be limited in what they can make."

Other problems included access to dental care, drug and alcohol use and treatment (and lack of detox options in the area), obesity, diabetes, lack of adequate pre-natal care, and sexually transmitted disease. Other than mental health care, participants spent far less time on these specific diseases or problems.

6. BARRIERS TO CHANGE

Participants were asked to identify "barriers" to solving the issues or problems previously identified.

Seven different types of barriers, many of them inter-related, were discussed.

1. Lack of funding or money to provide needed care or fix the problems. This was also related to low wage jobs without health insurance among the "working poor".
2. Not enough time to serve everyone that needs help and/or develop solutions "when you are fighting denials and filling out paperwork." One said, "We are all so busy. There is not time to be creative or reach out."
3. Lack of an organized effort at early childhood education in the schools, by health care providers and even parents in teaching health habits, good nutrition, and how to use the health system. This was considered the only way to ultimately solve our problems, including breaking "the culture of poverty". As one participant summarized, "The best rationing device is to not need the system. Cultivate good health in children and make sure that's a lifetime habit. It is going to take leadership at all levels."
4. Several mentioned lack of leadership, vision and creative thinking. "There are solutions if we are willing to think outside the box. Looks at what's going on in other places and look for best practices." One person said, "We need leadership at all levels and a vision for the future." Another said, "This effort tonight is a good place to start."
5. Too little emphasis on prevention. On summarized, "We are spending so much time addressing acute problems that we are not addressing prevention."
6. Lack of awareness and understanding of how the healthcare system works and how to access services. This was made worse by a disjointed healthcare system. As one health provider summarized, " There are many organizations around this table but the general public doesn't know what is out there. How do you communicate this to them. We need a unified plan." Another

responded, "Everybody needs a navigator to help get through the system. It is so complex."

7. Attitudes towards health and personal responsibility. One neighborhood participant eloquently summarized this point, " It's peoples mindset. Take obesity. I want to get slim. I'm tired of being chubby and out of breath but when I get hungry, it's aw hell, I'll have a hamburger. It's all up here [pointing to his head]." Tying back to the earlier theme of childhood education, another added, "Start with kids in grade school. We are not going to do any good for us. Our ways are set."

7. CURRENT EFFORTS TO ADDRESS PROBLEMS

Group members were asked to identify any current efforts in the county to address the problems or issues they had previously discussed. Although a number of efforts were identified, the primary discussion centered around current efforts at collaboration.

Particularly in the social and human service groups, "agency collaboration" was said to be occurring among "sub groups". In spite of "a lot of efforts to bring the community together and come up with a common vision", it was still felt by some participants that "a lot [of people] haven't been engaged". In other words, there was more to be done.

Specific examples of collaboration included:

- Heartland healthy neighborhoods
- United Way efforts
- The Community Resources Council
- The NOTO events in North Topeka "to create a renewed spirit and involve young people"
- Crisis intervention teams "are helping out" regarding emergency room patients with drug and alcohol problems.
- Washburn School of Nursing efforts to develop a student health center and working with various agencies "to provide services into the community."
- Select Specialty Hospital's (acute long term care) efforts to work "closely with" many other health care providers.
- The regional hospital collaborative network called HINK.
- A mental health cooperative effort using peer counseling and mentoring. One person said this concept could be applied to "diabetes and other health conditions. AA has been doing it for years."

Volunteerism was said to be "up" at some social and human service agencies providing much needed budgetary relief to a number of organizations. This included the Red Cross, Meals-on-Wheels, and the Marion Clinic where "80% of area physicians volunteer to provide health care".

Other specific examples of working to solve local problems included:

1. The use of Electronic Medical Records to allow health providers to share information across organizations. Several said these efforts were underway in the county, including efforts by both hospitals, KU Medical Center and some physician groups. However, a number of participants felt where was a long way to go and these systems still were "not integrated". One added, "I would like to see EMR's expanded into long term care and sub-acute rehab." Another added, "At student health

[Washburn University] we still use a Big Chief Tablet and a #2 pencil. We would like to develop EMR's and partner with the hospitals and institute them into our clinic."

2. "Work outs" in public parks, including exercise programs, have "received a lot of publicity". Efforts to expand trails and bike paths were noted along with an effort "down by the river" to close a portion of the street and promote walking.
3. Efforts to increase access to dental care including "a place on 6th Street".
4. There is quality care provided in the Topeka area with "outstanding medical facilities" and a "world class trauma center". However, another added, "We have the best health care money can buy. That's the issue though, the 'money can buy' part..."

8. IDEAS FOR SOLVING PROBLEMS

Participants were asked for additional ideas to address problems or issues discussed in the sessions. Ideas ranged from greater collaboration to increased health education to more community outreach. Each of seven major themes are outlined below:

1. A lot of discussion centered around the need for increased collaboration and cooperation among health and human service organizations. Several mentioned past and current efforts including United Way initiatives. An example was cited where one agency invites other agencies into its offices and waiting rooms to meet with clients. Another example of a grant application to combine community mental health with primary care in a clinic was cited.

There was still a sense that more could be done. As one said, "Everyone has their own priorities...[sometimes we are] butting heads." Another responded, "Everybody needs to get together and determine our priorities and compare our resources. I wish we had a central council."

A health care representative said, "We have a Topeka Continuity of Care Board but not a lot of people know what it is. It could be more than it is. We could add a web site even tap into CRC [Community Resources Council]."

2. Increase awareness of resources and develop a "broader view" of health care. This referred both to consumers and those that provide services. One said, "We need more awareness of what is out there." Another added, "One of the challenges has been for all of us to know what everybody else is doing. CRC creates an annual directory. It is on the internet but you have to know what it is." Another said, "We need a broader view of health care to include other services like food banks and churches. We could put this on the internet."
3. Substantial discussion occurred around the need for increased education and health education, especially for children. Improving the health of children through comprehensive programs was advocated. An example in Vancouver, British Columbia was cited where "kids were stratified by needs" and then targeted with in-school clinics, interventional efforts, and other services."

An idea was described based on the example of Stormont-Vail's "Health wise 55" program for older

adults. It would be a program targeting young children "Health wise 15 or Health wise 5" offering educational programs for parents and young children and include school outreach components.

4. Related to increasing awareness, several saw a need for increased "engagement" by service providers, not only with potential consumers and clients but each other. A "Heartland visioning" effort initiated "five years ago" was mentioned. While discussing this effort, one participant said, "Have we really accomplished that much? After looking at the latest report, I'd say not much. I think it's because we haven't engaged the larger part of the community" Another summarized, "We can have all the resources in the world but what are we doing to change behavior? Are we talking to the right people [such as those in lower income neighborhoods]?"

Related to engagement was a discussion of "trust". "We need to build trust [among various organizations and institutions]. We don't seem to be able to resolve differences very well... and we need follow-through. Do what we say we are going to do."

5. Increasing the availability of services. This included extended and weekend hours for working people, use of churches to provide some services, better transportation options, and decentralization of service into neighborhoods. As one said, "We need to meet them where they are both physically and educationally."

Neighborhood participants and some health care providers spent considerable time calling for more outreach by health and human service providers "into the neighborhoods" or community centers. Many clients and patients do not know how to access health services. This affects their point of entry into the system and "we may need to send people [service providers] to their homes, provide navigators and peer counselors".

Neighborhood participants suggested that health providers "get together with the neighborhoods. Come out and give us your spiel and provide programs. They put on all kinds of programs but come out to us." Some felt area health professionals needed an ongoing "presence in the neighborhoods." Several pointed out that not all residential areas had neighborhood associations to serve as contact points.

6. Increased leadership was needed. Many of the ideas and solutions presented would require strong leadership to be successful. "Leadership at all levels" was called for. One neighborhood participant, summarized, "We need creativity. Think out of the box and look at best practices." Another added, "We can't program our way out of this, we need fundamental change in the entire system."
7. Teaching healthy behaviors. Although closely related to #3 above, specific discussion centered around efforts to improve healthy behaviors in patients and the general population. One provider described her frustration of non-compliant patients, "I get apathetic and frustrated. Is it a lack of access or lack of engaging the client to motivate them to really want better health." Another said, "Focus on youth. There is a lack of family training. Some don't even have mothers. My mother taught me these things." Others called for specific health-related curricula in elementary schools.

The neighborhood group was asked for more specific ideas on what the two hospitals and county health department could do to address some of the issues they had raised. Responses continued to focus on outreach

programs. As one said, "Work together better with the neighborhoods and push services out there."

One idea included bringing programs done at West Ridge Mall out into poorer neighborhoods. Other suggestions included holding health clinics in community centers or other locations, developing programs targeting children of elementary school age and younger, and expanding community garden programs. Examples were provided of school gardening efforts in Oakland and Highland Park. "There is not enough focus on nutrition."

9. PRIORITIES

Participants were asked to identify their top priority problem or issue to focus on or to solve if they could. There was some consensus among service agencies and neighborhood participants but health providers gave a wide variety of responses.

The neighborhood group priorities have already been discussed in the earlier section. They focused on decentralizing health care and human services out into the neighborhoods and communities.

The social service group identified three major priority areas.

The first was related to education, including both health education and general education. Here, the focus was on teaching healthy behaviors, prevention, and basic learning skills such as reading. The impact of neighborhood school closings was a major concern. Specific thoughts on education included:

- Teach youth about healthy lifestyles to prevent obesity and other illnesses.
- Focus on pre-school, 3rd grade and 6th grade reading skills.
- Parental support "is also needed". Education "needs to be valued".
- Education of elderly care-givers is needed.

The second priority was to increase access to needed services. Consumers needed to know how to access services and what services were available. In addition, more people needed access to care "both physical and mental". Access to preventative services was a priority. One said, "We need health care for all but I am not sure how to get there."

The third major priority was to increase cooperation and collaboration among all providers of health and human services. Several called for better communication between service organizations. Implementing "United Way support strategies" was mentioned.

Other priorities, included:

- Meeting people's basic needs "or you can't learn".
- Employment in a meaningful job
- Greater safety awareness

The health care professional group identified many priorities with very little consensus. Priorities did group around three types: specific health problems or disease processes, types of health programs, and the health care delivery system itself.

Specific priorities mentioned included:

- Focusing on high users of health care resources such as re-admissions, "frequent flyers" in emergency rooms, and those with chronic illnesses
- Expanding capabilities of the Marian Clinic
- Addressing obesity, especially among the young: "Get them fit, get them moving."
- Improving Medicaid funding levels
- Focusing on issues facing older adults such as lack of in-home care, need for life enrichment programs, elder abuse and over-medication
- Greater support for pregnant teens and unmarried moms by "pairing with someone who gives support and doesn't judge them."
- Lack of Kansas treatment facilities for addiction
- More health education efforts
- Diabetes education
- Increasing access to mental health care: "We don't treat them so they are sent to the ER. They don't treat them so they are sent to Valeo. Then there are delays and patients get frustrated."
- "We need a coming together to support those in-need, an interconnectedness."
- Expecting personal responsibility by holding consumers and patients accountable for their lifestyles.

Finally, there was a call, similar to the neighborhood group, for more "community based" health care. As one said, "Take health care back to the community. Public health used to do that. We used to get physicals at school. Doctors had more offices in more locations. It is a failure of our public health system. Some churches are involved in community health now." A Washburn University representative suggested, "We are creating a community health center within the Washburn campus. Could we do this in other communities? Help them create their own centers. It would draw people in and involve them."

Healthy Shawnee County Focus Group Report: 2012
Executive Summary
Healthy Shawnee County Task Force
Submitted by: Virden Associates

1. INTRODUCTION

Three focus groups were held on August 15th and 16th in Topeka, Kansas. There were 47 participants. The first group included 20 representatives from social service agencies operating in Shawnee County. The second group included 16 "frontline" healthcare professionals. The third group consisted of 11 participants from various neighborhoods along with other area volunteers.

2. STATEMENT OF LIMITATIONS

The primary purpose of focus groups is to provide insight and identify key issues. Focus group information cannot be generalized to the rest of the community. Certain biases exist in focus groups. Their opinions may not necessarily represent those of all citizens. The appropriate use of focus group research can make it a valuable tool for developing strategies, improving services, and providing new services.

3. WHAT MAKES A HEALTHY COMMUNITY?

Participants were asked to describe a healthy community, to discuss "the most important characteristics of a healthy community". Five major themes emerged:

1. Basic needs being met.
2. Health education, especially for young children and their parents.
3. Physical health.
4. Transportation to medical and health care.
5. Awareness of services and access to health related information.

4. MAJOR HEALTH ISSUES OR PROBLEMS

Participants were asked to discuss the "most important health issues or problems facing Shawnee County right now." Overall, the discussion centered on six major themes:

1. Awareness of available health and human services among residents, patients and service providers themselves could be higher.
2. Health issues related to children and youth.
3. Health issues related to an aging population.
4. Societal ills.
5. Lack of health insurance coverage.
6. Lack of wellness, prevention, and population health management.

5. FUTURE HEALTH ISSUES OR PROBLEMS

Participants were asked to discuss "the biggest challenges" the county would face " in the near future".

The most discussion centered around expected large growth in the older population in Shawnee County. This included an increase in Alzheimer's, increases in the chronically ill, the costs to the system from longer life spans, Medicaid and Medicare cuts, a lack of senior transportation, and need for more in-home care.

Several neighborhood participants, in a theme echoed throughout their focus group, called for health care to be delivered to community neighborhood or health centers.

A second potential problem area also received some discussion: the impact of poor health behaviors among young persons. These included obesity, diabetes, respiratory and hearing problems, and the impact of higher smoking levels.

Ten other potential problems were mentioned in the discussion, ranging from a lack of enough physicians to increasing health care costs.

6. BARRIERS TO CHANGE

Participants were asked to identify "barriers" to solving the issues or problems previously identified.

8. Lack of funding or money to provide needed care or fix the problems.
9. Not enough time to serve everyone that needs help and/or develop solutions "when you are fighting denials and filling out paperwork."
10. Lack of an organized effort at early childhood education in the schools, by health care providers and even parents in teaching health habits, good nutrition, and how to use the health system. This was considered the only way to ultimately solve our problems, including breaking "the culture of poverty".
11. Several mentioned lack of leadership, vision and creative thinking.
12. Too little emphasis on prevention.
13. Lack of awareness and understanding of how the healthcare system works and how to access services.
14. Attitudes towards health and personal responsibility.

7. CURRENT EFFORTS TO ADDRESS PROBLEMS

Although a number of efforts were identified, the primary discussion centered around current efforts at collaboration.

Particularly in the social and human service groups, "agency collaboration" was said to be occurring among "sub groups". In spite of "a lot of efforts to bring the community together and come up with a common vision", it was still felt by some participants that "a lot [of people] haven't been engaged". In other words, there was more to be done.

A number of specific examples of collaboration were discussed from Heartland healthy neighborhoods, efforts of the Community Resources Council, crises intervention teams, and other efforts.

8. IDEAS FOR SOLVING PROBLEMS

Ideas ranged from greater collaboration to increased health education to more community outreach. Each of seven major themes are outlined below:

8. A lot of discussion centered around the need for increased collaboration and cooperation among health and human service organizations.
9. Increase awareness of resources and develop a "broader view" of health care.
10. Substantial discussion occurred around the need for increased education and health education, especially for children.
11. Related to increasing awareness, several saw a need for increased "engagement" by service providers, not only with potential consumers and clients but each other.
12. Increasing the availability of services.
13. Increased leadership was needed.
14. Teaching healthy behaviors.

9. PRIORITIES

Participants were asked to identify their top priority issue to solve if they could.

The first was related to education, including both health education and general education. Here, the focus was on teaching healthy behaviors, prevention, and basic learning skills such as reading.

The second priority was to increase access to needed services. Consumers needed to know how to access services and what services were available.

The third major priority was to increase cooperation and collaboration among all providers of health and human services. Several called for better communication between service organizations.

The health care professional group identified many priorities with very little consensus. Priorities did group around three types: specific health problems or disease processes, types of health programs, and the health care delivery system itself.

Finally, there was a call for more "community based" health care.

Appendix IV

Public Health Experts Survey

Eight public health experts were sent an e-mail survey. The questions were open ended in order to collect a broader base of analysis — based on the expertise of the participants.

The experts were drawn from a pool of community expertise that defines public health broadly. The experts who responded to the survey were from: Brewster Place Retirement Community; Kansas Children's Service League; Positive Connections, Inc.; Kansas Association for the Medically Underserved; Community Action, Inc.; United Way of Greater Topeka; Shawnee County Health Agency – Community Health Center; and a retired non-profit executive director.

Below are the questions and a synthesis of the responses by the experts.

1. What are the most important characteristics of a healthy community?

Options for exercising (walking trails, bike lanes on roads), access to fresh produce (farmers markets), access to affordable health care.

Access to affordable health care. Community support and promotion of healthy life styles.

Access to quality health care regardless of economic status, preventative services, affordable options for good nutrition and exercise programs.

Access to health care services that focus on both treatment and prevention; a safe community; quality schools, playgrounds, and other social services to meet the needs of the people; and a healthy and safe environment.

People having knowledge of and taking responsibility for their own health. 2. People having access to preventive and early intervention health care health care services.

Thriving arts, recreational, affordable, and accessible opportunities; accessible exercise opportunities; e.g., walking, jogging, and bike trails; accessible and available health foods outlets.

Access to parks and recreation. Good bike Trails and bike lanes to the inner city and sidewalks that are wide and user friendly that are on all streets.

Community culture of active lifestyles. Access to health care with a preventive care focus. Access for all residents to healthy food and activity.

2. What are the most important health issues or problems facing Shawnee County right now?

Few avenues for exercising, inadequate access to affordable health care.

That low-income populations lack the financial and other resources to maintain healthy life-styles.

A lot of Shawnee County residents have little or no insurance resulting in a lack of access to quality health care. Many of these individuals use the emergency rooms as their primary care providers. A lack of focus on preventative types of programs encouraging healthier choices results in a population with varying degrees of preventable health disorders, from obesity to HIV.

Lack of insurance for families, lack of primary care physicians, the overuse of the emergency rooms for basic health care, obesity, lack of mental health services for all families.

1. Obesity; 2. Lack of exercise; 3. Too many with no health insurance; 4. Skewed reimbursement incentives for providers.

Obesity, poverty, lack of health insurance, and substance abuse among youth.

Obesity and prescription drug abuse

Obesity. Access to nutritious food for people living in poverty.

3. What barriers are stopping us from solving the problems identified previously?

As with most things, money. But also I believe a lack of planning.

Politicians, the medical/industrial complex, insurance providers, and personal inattentiveness to healthy choices.

Attitude, A Lack of resources

Governmental aide for families struggling with poverty

Many of the problems are national problems, but I think there is not much interest from insurance companies or the local hospitals in programs that can encourage health empowerment, preventive health services or early intervention.

Accessibility and affordability of healthy eating choices, lack of knowledge and opportunities for healthy living.

Lack of recreational parks and good sidewalks to encourage activity.

Cultural barriers. Access issues - economic development issues. Difficulty for the community to think beyond what we've done in the past. Obesity problem is overwhelming - how do you get people to change behaviors?

4. What is being done now to address the problems identified previously?

Not sure about the exercise and fresh produce issues, but discussions are beginning among key stakeholders re: access to affordable health care.

Generally, good quality healthcare is provided locally, despite significant barriers mentioned previously.

Local agencies try to provide services, access to walking trails, office EAP programs.

I see limited activity to educate and encourage people to eat right and exercise. Brownback's efforts to make health care and health insurance less accessible are actively working against us.

Heartland Healthy Neighborhoods has made strides to creating a healthier community with its education about sodium, exercise, and healthy living.

I feel it should be addressed at the county and city government levels. Right now some community action committees are starting up but Topeka is decades behind healthy cities.

Obesity - collaboration focus on healthy neighborhoods, UW goal addressing adult obesity, community conversations related to the topic. Aging population - not sure.

5. If you could improve one thing or solve one of these problems what would it be?

Access to affordable health care.

Single pay ... universal health insurance.

More health care services for the uninsured.

Change the state government to one that sees health care as a basic human right.

Obesity.

Elect officials dedicated to making Topeka and Shawnee County the healthiest city in KS.

Obesity

6. What other solutions or ideas do you have for addressing some of the health problems discussed?

Collaboration and comprehensive planning across all health disciplines.

Actively address the causes and conditions of poverty in our community.

Improved customer services for all agencies providing services.

We have applied for a CMS ACA Demonstration program that is designed to help Medicare beneficiaries have a successful transition from hospital to home by providing a health coach for 30 days post discharge.

Earlier education in the elementary schools on healthy eating choices, including parental education.

Re-introduction of sports to USD 501 middle schools. These were cut in the 70s due to funding issues and have hindered the development of young kids in sports.

Focus on changing public policy to help drive the change in behaviors - education, community-wide commitment.

7. Please list the top five health priorities that should be addressed in Shawnee County.

Access to affordable health care

Avoid duplication among providers of expensive procedures and equipment

Nutrition education to reduce obesity

Health and wellness education

Obesity

Healthy weight – obesity reduction. Better public exercise venues

Promote preventive care

Improved systems for access to health insurance

Access to preventive and wellness care

Health Insurance

Drug abuse

Access to services for aging adults

Better farmer's markets – must be locally grown!!

Community campaign promoting healthy lifestyles

Improved system for access to health care for uninsured

Access and incentives for early intervention

Healthy and affordable food outlets

Lack of competition in the medical field

Dental care

Greater health education in schools

Quality education and daycare access for children

Improved public transportation services

Obesity

Early health interventions for children including, pre-natal care

Affordable/convenient senior transportation to/from medical appointments

Improved mental health services

Investment in walking, jogging, and biking trails

Obesity

Culture where people have a medical home