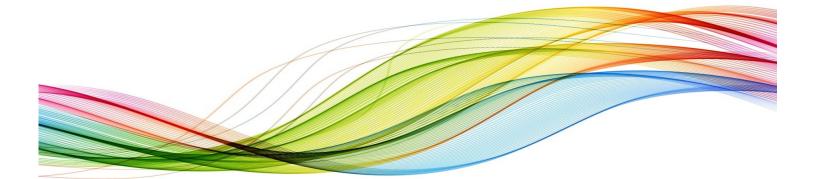


Community Health Needs Assessment Shawnee County (KS)

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



November 2018

VVV Consultants LLC Olathe, KS

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I. Executive Summary

Shawnee County, KS - 2018 Community Health Needs Assessment (CHNA) Wave #3

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

<u>Shawnee County, KS</u> previous CHNA began in May of 2015, with final report dated November 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Shawnee County KS CHNA assessment began May 2018 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

Important community CHNA Benefits for both the local hospital and the health department,

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

A prioritized description of all of the community needs identified by CHNA activates are listed below. Eight Community Health Improvements Needs have been identified.

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

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

Shawnee County CHNA Town Hall also identified eighteen "Community Health Areas of Strengths"

Key CHNA Wave#3 Secondary Research Conclusions are as follows:

KS HEALTH RANKINGS: According to the 2018 Robert Woods Johnson County Health Rankings, Shawnee County KS was ranked 4th in Clinical Care and 47th in Mortality out of the 105 Counties.

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

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

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

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

Continue,

TAB 5. There is one primary care Physician per 1,390 people in Shawnee County. 75% of patients would rate their hospital 9 or 10 out of 10. 79% of patients would recommend their hospital. The average ER wait time is 24 minutes.

TAB 6. People getting treated for depression in Shawnee County is 23.1%. The age-adjusted suicide mortality rate in Shawnee is 20.2.

TAB 7. 35% of adults in Shawnee are obese, with 24% of the population physically inactive. 15% of adults drink excessively and 16% smoke. Hyperlipidemia in Shawnee is higher than the average at 48.1%, as well as Asthma, 9.0%.

TAB 8. The adult uninsured rate for Shawnee County is 9%.

TAB 9. The life expectancy rate in Shawnee County is 74.9 for Males and 80.6 for Females. The age-adjusted Cancer Mortality rate is high at 180.8 as well as the Heart Disease Mortality rate, at 161.3. Alcohol impaired driving deaths is high at 28%.

TAB 10. 87% of Shawnee County has access to exercise opportunities. Only 68% of women in Shawnee get annual mammography screenings.

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

- Using a Likert scale, 55.1% of Shawnee County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Shawnee County stakeholders are satisfied with the following services: Ambulance Services, Chiropractors, Eye Doctor/Optometrist, Hospice, and Pharmacy.
- When considering past CHNA needs Mental Health Access; Affordable HC Insurance; Poverty continues as an ongoing problem and pressing.

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

II. Methodology

[VVV Consultants LLC]

II. Methodology a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

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

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

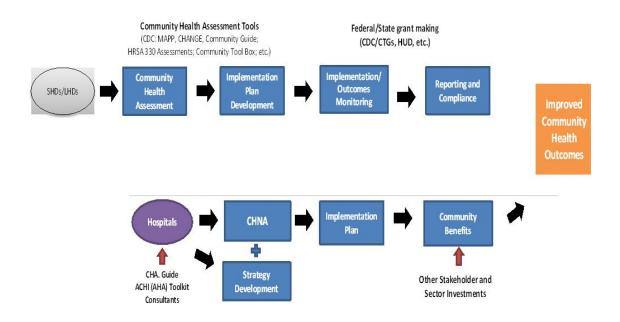
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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

IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt

Hospitals ACCOUNTING TODAY 1/2/15

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

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

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

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

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

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

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

Public Health Criteria:

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

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

DOMAIN 1 includes 4 STANDARDS:

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

Required CHNA Planning Process Requirements:

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

Seven Steps of Public Health Department Accreditation (PHAB):

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

II. Methodology b) Collaborating CHNA Parties

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

Stormont Vail Health Profile

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

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

Stormont Vail is an integrated health care system based in Topeka, Kansas, serving a multicounty region in northeast Kansas. It comprises Stormont Vail Hospital, Cotton O'Neil and Cotton O'Neil Pediatrics with more than 200 employed physicians and a variety of ancillary services. Stormont Vail achieved Magnet recognition for excellence in nursing services in 2009.

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

Cotton O'Neil is the name for the medical group (a group of physicians and other medical providers) of Stormont Vail Health. Cotton O'Neil operates 27 primary and specialty care clinics around Topeka.

Mission: Working together to improve the health of our community

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

Values:

Service to Others: We meet or exceed the needs and expectations of those we serve. **Quality:** We create an environment of trust, comfort and confidence brought about by a competent, compassionate and caring staff.

Teamwork: We do together what cannot be done alone.

Respect: We honor the dignity and creative potential of each staff member. **Viability:** We assure our mission by remaining profitable.

Shawnee County Health Department Profile

Shawnee County Health Department (SCHD) understands the importance of leading the way to a healthier Shawnee County. By being actively involved in the community and projects that are taking place, SCHD strives to be a front runner in improving the overall health of Shawnee County. The Shawnee County Health Department is open Monday through Friday 8:00am – 12:00 pm and 1:00pm – 4:00 pm. Phone: 785.251.5600

Our Mission: Leading the way to a healthier Shawnee County

Locations:

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

Leadership:

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

Services:

- Child Care Licensing
- Communicable Disease
- Emergency Preparedness
- Environmental Health
- Family Health Home Visitation
- Fetal Infant Mortality Review Program
- HIV Testing

- Immunizations
- Medical Records
- Nurse-Family Partnership
- Pregnancy Testing
- Sexually Transmitted Diseases
- Tuberculosis (TB) Control Clinic
- Women, Infant, and Children (WIC)

Presentations:

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

Sex Education Sexually Transmitted Infections Nutrition Tobacco Education Physical Activity Stress Management Family Planning Communicable Diseases Personal Hygiene

II. Methodology

b) Collaborating CHNA Parties Continued Consultant Qualifications

VVV Consultants LLC



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

Vince Vandehaar MBA, Principal Consultant & Adjunct 913-302-7264 VVV@VandehaarMarketing.com

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

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

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

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

Collaborating Support:

Heather Marine, BA CNA - VVV Consultants LLC Collaborative Analyst

II. Methodology c) CHNA and Town Hall Research Process

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

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

VVV CHNA Deliverables:

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

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

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

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

	Stormont Vail PSA (Shawnee Co. KS) - CHNA Work Plan						
	Wave #3 Project Timeline & Roles 2018 - 7/16/18						
Step	Date	Lead	Task				
1	May 2018	VVV	Presented CHNA Wave #3 options to hospital client.				
2	6/7/2018	SVH	Selected CHNA Option C. Approved/signed VVV CHNA quote.				
3	6/18/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses, and e-mail addresses.				
4	6/18/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP/OP/ED/Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.				
5	6/18/2018	VVV	Request hospital client to send KHA Patient Origin reports (PO 101, 103, TOT223E) to document service area for FFY 15, 16, 17 (KHA HIDI key sent).				
6	7/5/2018	ALL	Conduct CHNA Kickoff Meeting to review project roles/deliverables. (Hospital/DOH leaders).				
7	7/6/2018	VVV	Update CHNA stakeholder feedback online link. Send text link for client/DOH to review. Prepare draft e-mail push.				
8	7/20/2018	VVV / Hosp	Prepare and send out PR story #1 to PSA media announcing upcoming CHNA/online survey; hospital client to place. Both SVH and DOH places CHNA link on their website and social media sites.				
9	TBD	ALL	Conduct CHNA Wave #3 Coordinating Conf Call. Review project "to do". (Hospital / DOH leaders).				
10	7/20/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail #1 invite to participate to all stakeholders. Client will have finalized town hall locations.				
11	July - Aug 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create town hall PowerPoint for presentation.				
12	8/3/2018	VVV / Hosp	Prepare / release PR story #2 to local media announcing upcoming town hall. VVV will mock up PR release/client will place.				
13	8/3/2018	Hosp	Prepare/send community town hall invite #2 (E-message/letter/optional local advertisement).				
14	8/3/2018	Hosp	Client will finalize food for town hall dicussions.				
15	Thurs 9/6/18 - time TBD	All	Conduct town hall practice conference call with hospital/DOH to review town hall data and flow.				
16	Tues 9/11 (5:30- 7pm)	VVV	Conduct community town hall discussion at 5:30pm at Avondale East NET Center; 455 SE Golf Park Blvd, Topeka, KS 66605. Review secondary health data, discuss & document neighborhood needs.				
17	Thurs 9/13 (11:30- 1pm & 5:30-7pm)	VVV	Conduct two community town hall discussions. One at 11:30am at Silver Lake United Methodist Church; 204 Madore St, Silver Lake, KS 66539 and at 5:30pm at Oakland Community Center; 811 NE Poplar, Topeka, KS 66616. Review secondary health data, discuss & document neighborhood needs.				
18	Thurs 9/27/2018	VVV	Conduct community town hall discussion at 11:30am at Shawnee County Health Department; 2600 SW East Circle Drive, Topeka, KS 66606. Review & discuss basic health data, online & roundtable feedback / rank health needs.				
19	On or before 10/31/18	VVV	Complete analysis. Release draft #1/seek feedback from DOH and hospital client.				
20	On or before 11/30/18	VVV	Produce and release final CHNA report. Hospital client will post CHNA online Jan 2019.				
21	On or before 12/31/18	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.				
22	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.				

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

Phase I-Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:

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

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

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

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive					
Communi	Community Health Needs Assessment				
Step # 1 Commitment	Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.				
Step # 2 Planning	Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.				
Step # 3 Secondary Research	Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.				
Step # 4a Primary Research - Town Hall prep	Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.				
Step # 4b Primary Research - Conduct Town Hall	Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary & Primary Data findings. Facilatate community conversation to build consensus; discuss opinions / identify health needs.				
Steps # 5 Reporting	Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). < Note: Formal report will follow IRS Notice 2011-52 regs & PHAB requirements. >				
VVV Consultants, LLC Olathe, KS 913 302-7264					

Overview of Town Hall Community Priority Setting Process

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

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

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

Shawnee County Kansas (Stormont Vail Health and Shawnee County Health Department) town hall was held on Thursday, September 27th, 2018 at the Shawnee County Health Department in Topeka, KS. Vince Vandehaar and Austin Jackson (SVH) facilitated this 1 ½ hour session with fifty-six (56) attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a).

The following Town Hall agenda was conducted:

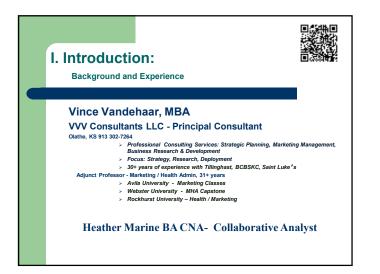
- 1. Welcome & Introductions
- 2. Review Purpose for the CHNA Town Hall & Process Roles
- 3. Present / Review of Historical County Health Indicators (10 TABS)
- Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns sited and discuss current community health strengths.
- Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
- 6. Close meeting by reflecting on the health needs / community voting results. Inform participants on "next steps."

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



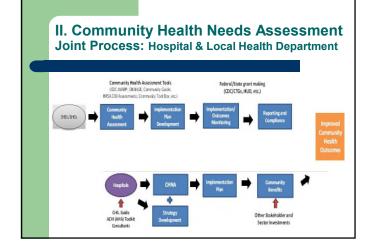


- Determine Most Important Health Areas (45 mins)
- v. Close / Next Steps (5 mins)





1



CHNA Conversation with the Community Community members and organizations invited to participate.

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

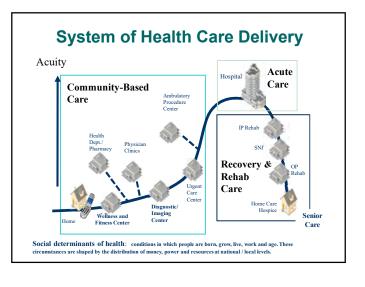
Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs - Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses - owners/CEO's of large businesses (local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

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

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

Non-for-Profit Hospital CHNA Written Report Documentation

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



III. Review Current County Health Status: Secondary Data by 10 Tab Categories compared to NORMS
Trends: Good Same Poor (Big White Card – My Notes)
TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

IV. Collect Community Health Perspectives Your opinion and thoughts?

- 1) How would you define "a Healthy Community" ? (Big Color card)
- 2) <u>Tomorrow</u>: What is occurring or might occur that would affect the "health of our community?" (Town Hall Q)

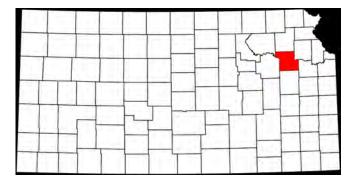
IV. Collect Community Health Perspectives Your opinion and thoughts?

- 1) <u>Today</u>: What are the <u>strengths</u> of our community that contribute to health? (Small White card)
- 2) <u>Today</u>: Are there healthcare services in your community / neighborhood that you feel <u>need to be improved and / or changed</u>? (Small Color card)



II. Methodologyd) Community Profile (A Description of Community Served)

Shawnee County (KS) Community Profile



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

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

Nemaha County KS Airports²

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

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

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

Shawnee County (KS) Community Profile

Schools in Shawnee County:

Public Schools³

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

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

Parks and Amenities⁵

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

1			<mark>mographi</mark>		Populatio		· · · · ·	louseholds	-	Per Capita
Zip	Name	ST	County	YR 2018	YR 2023	Chg.	YR 2018	YR 2023	Avg. Size	Income 18
66050	Lecompton	KS	SHAWNEE	2045	2163	-5.5%	795	840	2.6	\$34,668
66402	Auburn	KS	SHAWNEE	2753	2807	-1.9%	1046	1066	2.6	\$34,999
66409	Berryton	KS	SHAWNEE	3213	3268	-1.7%	1249	1270	2.6	\$40,999
66533	Rossville	KS	SHAWNEE	1895	1925	-1.6%	662	671	2.8	\$29,017
66539	Silver Lake	KS	SHAWNEE	2899	2933	-1.2%	1066	1077	2.7	\$33,360
66542	Tecumseh	KS	SHAWNEE	3278	3292	-0.4%	1246	1251	2.6	\$33,726
66546	Wakarusa	KS	SHAWNEE	1038	1059	-2.0%	425	433	2.4	\$35,971
66603	Topeka	KS	SHAWNEE	1978	1986	-0.4%	853	858	2.1	\$17,785
66604	Topeka	KS	SHAWNEE	23517	23606	-0.4%	10305	10336	2.2	\$27,820
66605	Topeka	KS	SHAWNEE	20294	20471	-0.9%	7450	7502	2.7	\$23,413
66606	Topeka	KS	SHAWNEE	11496	11530	-0.3%	5426	5434	2.1	\$29,929
66607	Topeka	KS	SHAWNEE	10492	10501	-0.1%	3223	3216	2.9	\$14,311
66608	Topeka	KS	SHAWNEE	5639	5571	1.2%	2248	2215	2.3	\$20,661
66609	Торека Topeka	KS	SHAWNEE	6907	6868	0.6%	2842	2213	2.3	\$29,407
66610	Topeka	KS	SHAWNEE	9332	9561	-2.4%	3429	3512	2.4	\$29,407 \$45,963
66611	Topeka	KS	SHAWNEE	9332	9540	-2.4 %	4433	4449	2.1	\$31,856
66612	Topeka	KS	SHAWNEE	2736	9540 2750	-0.6%	1391	1393	1.9	\$18,430
66614	Topeka	KS	SHAWNEE	32392	32554	-0.5%	14270	14319	2.2	\$35,789
66615	Topeka	KS	SHAWNEE	32392	3283	-0.3%	14270	14319	2.2	\$42,125
66616	Topeka	KS	SHAWNEE	5954	6000	-2.8%	2495	2510	2.5	\$19,140
66617	Topeka	KS	SHAWNEE	8760	8883	-0.8%	3305	3348	2.4	\$19,140
66618										. ,
00010	Topeka	KS	SHAWNEE	10001	10164	-1.6%	3602	3657	2.8	\$30,834
	· ·	ИC		2524	2644	2 10/	1156	1100	2.1	¢00 669
66619	Topeka	KS	SHAWNEE	3531	3644	-3.1%	1156	1190	3.1	\$22,668
	Topeka	KS otals	SHAWNEE	3531 182,824	3644 184,359	-0.8%	74,182	1190 74,658	3.1 2.5	\$29,766
66619	Topeka To	otals		182,824	184,359	-0.8% Populati	74,182 on YR 2018	74,658	2.5	\$29,766 Females
66619 Zip	Topeka To Name	stals ST	County	182,824 Pop 18	184,359 Pop. 65+	-0.8% Populati Kids <18	74,182 on YR 2018 Gen. Y	74,658 Med. Age	2.5 Females	\$29,766 Females Age 20-35
66619 Zip 66050	Topeka To Name Lecompton	stals ST KS	County SHAWNEE	182,824 Pop 18 795	184,359 Pop. 65+ 381	-0.8% Populati Kids <18 442	74,182 on YR 2018 Gen. Y 426	74,658 Med. Age 47	2.5 Females 1019	\$29,766 Females Age 20-35 213
66619 Zip 66050 66402	Topeka To Name Lecompton Auburn	ST KS KS	County SHAWNEE SHAWNEE	182,824 Pop 18 795 1046	184,359 Pop. 65+ 381 470	-0.8% Populati Kids <18 442 745	74,182 on YR 2018 Gen. Y 426 560	74,658 Med. Age 47 42	2.5 Females 1019 1397	\$29,766 Females Age 20-35 213 299
66619 Zip 66050 66402 66409	Topeka To Name Lecompton Auburn Berryton	KS KS KS	County SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249	184,359 Pop. 65+ 381 470 675	-0.8% Populati Kids <18 442 745 640	74,182 on YR 2018 Gen. Y 426 560 506	74,658 Med. Age 47 42 51	2.5 Females 1019 1397 1563	\$29,766 Females Age 20-35 213 299 248
66619 Zip 66050 66402 66409 66533	Topeka To Name Lecompton Auburn Berryton Rossville	ST KS KS KS KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662	184,359 Pop. 65+ 381 470 675 305	-0.8% Populati Kids <18 442 745 640 604	74,182 on YR 2018 Gen. Y 426 560 506 437	74,658 Med. Age 47 42 51 35	2.5 Females 1019 1397 1563 974	\$29,766 Females Age 20-35 213 299 248 211
66619 Zip 66050 66402 66409 66533 66539	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake	KS KS KS KS KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066	184,359 Pop. 65+ 381 470 675 305 495	-0.8% Populati Kids <18 442 745 640 604 799	74,182 on YR 2018 Gen. Y 426 560 506 437 665	74,658 Med. Age 47 42 51 35 40	2.5 Females 1019 1397 1563 974 1465	\$29,766 Females Age 20-35 213 299 248 211 329
66619 Zip 66050 66402 66409 66533 66539 66542	Topeka To Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh	KS KS KS KS KS KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246	184,359 Pop. 65+ 381 470 675 305 495 767	-0.8% Populati Kids <18 442 745 640 604 799 703	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547	74,658 Med. Age 47 42 51 35 40 50	2.5 Females 1019 1397 1563 974 1465 1636	\$29,766 Females Age 20-35 213 299 248 211 329 265
666619 Zip 66050 66402 66533 66539 66542 66546	Topeka To Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa	KS KS KS KS KS KS KS KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425	184,359 Pop. 65+ 381 470 675 305 495 767 216	-0.8% Populati Kids <18 442 745 640 604 799 703 225	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205	74,658 Med. Age 47 42 51 35 40 50 49	2.5 Females 1019 1397 1563 974 1465 1636 523	\$29,766 Females Age 20-35 213 299 248 211 329 265 103
666619 Zip 66050 66402 66533 66539 66542 66546 66603	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853	184,359 Pop. 65+ 381 470 675 305 495 767 216 235	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610	74,658 Med. Age 47 42 51 35 40 50 49 35	2.5 Females 1019 1397 1563 974 1465 1636 523 878	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272
66619 Zip 66050 66402 665402 66533 66539 66542 66546 66603 66604	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka	KS KS KS KS KS KS KS KS KS KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945	74,658 Med. Age 47 42 51 35 40 50 49 35 37	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452
66619 Zip 66050 66402 66409 66533 66539 66542 66546 66603 66604 66605	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka	STKSKSKSKSKSKSKSKSKSKSKS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677
666619 Zip 66050 66402 66409 66533 66539 66542 66546 66603 66604 66605 66606	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka	stalsSTKSKSKSKSKSKSKSKSKSKSKSKSKSKS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640
66619 Zip 66050 66402 66409 66533 66539 66542 66546 66603 66604 66605 66606 66607	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka	ST KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697
Eigend Zip 66050 66402 66403 66533 66542 66546 66603 66604 66605 66606 66607 66608	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka Topeka	ST KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437	74,658 Med. Age 47 42 51 35 40 50 49 35 37 35 37 36 39 31 38	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689
Eip 66619 66050 66402 66409 66533 66542 66546 66603 66604 66605 66606 66607 66608 66609	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka Topeka Topeka	ST KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939
66619 Zip 66050 66402 66409 66533 66539 66542 66603 66604 66605 66606 66607 66608 66609 66609 66610	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka	ST KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897
66619 Zip 66050 66402 66409 66533 66542 66546 66603 66604 66605 66606 66607 66608 66609 66610 66611	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka	ST KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392
66619 Zip 66050 66402 66409 66533 66533 66542 66603 66603 66604 66605 66606 66607 66608 66609 66610 66611 66612	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka	ST ST KS KS	County SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368
66619 Zip 66050 66402 66409 66533 66539 66542 66542 66603 66604 66603 66604 66605 66606 66607 66608 66609 66601 66611 66612 66614	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka Topeka	ST ST KS KS	County SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141
66619 Zip 66050 66402 66409 66533 66533 66539 66542 66603 66604 66603 66604 66605 66606 66607 66608 66609 66601 66611 66612 66614 66615	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS	County SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270 1265	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759 588	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578 815	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127 792	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41 40	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044 1650	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141 424
66619 Zip 66050 66402 66409 66533 66533 66539 66542 66546 66603 66604 66605 66604 66605 66606 66607 66608 66609 66610 66611 66612 66614 66615 66616	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS	County SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270 1265 2495	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759 588 1044	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578 815 1529	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127 792 1516	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41 40 39	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044 1650 3025	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141 424 727
66619 Zip 66050 66402 66409 66533 66533 66542 66546 66603 66604 66603 66604 66605 66606 66607 66608 66609 66601 66611 66612 66614 66615 66616 66617	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS	County SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270 1265 2495 3305	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759 588 1044 1745	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578 815 1529 2121	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127 792 1516 1809	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41 40 39 45	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044 1650 3025 4438	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141 424 727 893
66619 Zip 66050 66402 66409 66533 66533 66539 66542 66546 66603 66604 66605 66604 66605 66606 66607 66608 66609 66610 66611 66612 66614 66615 66616	Topeka Topeka Name Lecompton Auburn Berryton Rossville Silver Lake Tecumseh Wakarusa Topeka	ST KS KS KS	County SHAWNEE	182,824 Pop 18 795 1046 1249 662 1066 1246 425 853 10305 7450 5426 3223 2248 2842 3429 4433 1391 14270 1265 2495	184,359 Pop. 65+ 381 470 675 305 495 767 216 235 4199 3109 2175 1088 820 1118 1937 2058 307 6759 588 1044	-0.8% Populati Kids <18 442 745 640 604 799 703 225 520 5800 6168 2649 3421 1488 1915 2314 2124 763 7578 815 1529	74,182 on YR 2018 Gen. Y 426 560 506 437 665 547 205 610 6945 5070 3191 3091 1437 1788 1706 2785 766 8127 792 1516	74,658 Med. Age 47 42 51 35 40 50 49 35 37 36 39 31 38 37 46 39 35 41 40 39	2.5 Females 1019 1397 1563 974 1465 1636 523 878 12335 10680 6049 5421 2705 3579 4833 4975 1335 17044 1650 3025	\$29,766 Females Age 20-35 213 299 248 211 329 265 103 272 3452 2677 1640 1697 689 939 897 1392 368 4141 424 727

Demographics - Shawnee Co KS (SVH PSA)

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

Source: ERSA Demographics

III. Community Health Status

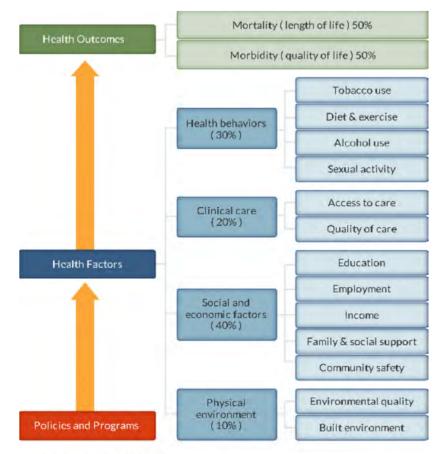
[VVV Consultants LLC]

III. Community Health Status a) Historical Health Statistics

Health Status Profile

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

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



County Health Rankings model @2012 UVVPHI

a) National Research – Year 2018 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Shawnee Co KS	TREND	Big 12 KS Norm
1	Health Outcomes		61		41
1	Mortality	Length of Life	47		31
	Morbidity	Quality of Life	72		58
2	Health Factors		56		53
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	63		62
	Clinical Care	Access to care / Quality of Care	lity of 4		25
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	70		52
3	Physical Environment	Environmental quality	95		86
htt	p://www.countyhealthrankings.org, relea	ased 2018 35 / 70			
B		llowing counties: Johnson, Wya ine, Sedgwick, Shawnee, Finney			_eavenworth,

b) PSA Secondary Research:

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

Tab 1 Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
1	a	Population estimates, July 1, 2017, (V2017)	178,187		2,913,123	164,525	People Quick Facts
	b	Population, percent change - April 1, 2010 to July 1, 2017	0.1%		2.1%	2.9%	People Quick Facts
	c	Population per square mile, 2010	327.1		34.9	314.5	Geography Quick Facts
	d	Persons under 5 years, percent, July 1, 2017, (V2017)	6.4%		6.7%	6.6%	People Quick Facts
	e	Persons 65 years and over, percent, July 1, 2017	17.0%		15.0%	13.7%	People Quick Facts
	f	Female persons, percent, July 1, 2017, (V2017)	51.5%		50.2%	49.7%	People Quick Facts
	g	White alone, percent, July 1, 2017, (V2017)	84.3%		86.6%	86.0%	People Quick Facts
	h	Black or African American alone, percent, July 1, 2017	8.7%		6.2%	6.8%	People Quick Facts
1	1	Hispanic or Latino, percent, July 1, 2017, (V2017)	12.0%		11.6%	13.6%	People Quick Facts
	1	Foreign born persons, percent, 2012-2016	4.4%		6.9%	7.5%	People Quick Facts
I,	ĸ	Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	8.2%		11.3%	12.9%	People Quick Facts
	1	Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	83.9%		83.5%	81.2%	People Quick Facts
	m	Children in single-parent households, % 2012-2016	33.0%		29.0%	30.6%	County Health Rankings
	n	Total Veterans, 2012-2016	14,510		192,340	10,041	People Quick Facts

Tab 2 Economic Profile

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

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

Tab 3 Schools Health Delivery Profile

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

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

Data obtained from Shawnee Schools

#	Shawnee Co KS; School Health Indicators - Year 2017	USD 501 Topeka Public	USD 345 Seaman	USD 437 Auburn Washburn	USD 450 Shawnee Heights	USD 372 Silver Lake
1	Total # Public School Nurses	23	11	10	4	2
2	School nurse is part of the IEP team	Yes	Yes	No	Yes	Yes
3	School Wellness Plan in place	Yes	Yes	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	9373 / 538 / 81	3602 / 131 / 60	NA	2139/168/44	475 / NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	9071 / 420 / 104	3459/11/8	NA	2053/8/7	320 / NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	2552 / NA / NA	81/3/3	NA	contracted	NA. this yr
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Do Not Screen	Do Not Screen	Do Not Screen	Do Not Screen	Do Not Screen
6	Students served with no identified chronic health concerns	Yes	Yes	NA	Yes - 2513	Yes
9	School has a Suicide Prevention Program	Yes	Yes	Yes	Yes	Yes
10	Compliance on required vaccinations	100.00%	95.2%	NA	96.8%	96.0%

TAB 4 Maternal and Infant Health Profile

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

#	Criteria - Vital Satistics	Shawnee Co	Trend	Kansas	Big Kansas
а	Total Live Births, 2012	2,431		40,304	2,279
b	Total Live Births, 2013	2,352		38,805	2,191
с	Total Live Births, 2014	2,340		39,193	2,201
d	Total Live Births, 2015	2,269		39,126	2.204
e	Total Live Births, 2016	2,189		38,048	2,151
1	Total Live Births, 2012- 2016 - Five year Rate (%)	13.00%		13.50%	13.48%

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

TAB 5 Hospitalization/Provider Profile

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

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
5	a	Primary care physicians (Pop Coverage per) , 2015	1,390:1		1,320:1	1,565:1	County Health Rankings
1	b	Preventable hospital stays, 2015 (lower the better)	45		51	45	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	75.0%		79.0%	72.8%	CM5 Hospital Compere, 10/1/2015-9/30/2016
l	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	79.0%		78.0%	71.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
	e	Average Time Patients Spent in the Emergency Dept. Before Tthey Were Seen by a Healthcare Professional (in Minutes)	24.0		24.0	19.4	CMS Hospital Compare, 10/1/2015-9/30/2016

TAB 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
6	a	Depression: Medicare Population, percent, 2015	23.1%		17.8%	18.7%	Centers for Medicare and Medicaid Services
		Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	20.2		15.9	15.7	Kansas Health Matters
	c	Poor mental health days, 2016	3.5		3.3	3.3	County Health Rankings

TAB 7 Health Risk Profiles

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

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
7a	a	Adult obesity, percent, 2014	35.0%		32.0%	32.8%	County Health Rankings
	b	Adult smoking, percent, 2016	16.0%		17.0%	16.8%	County Health Rankings
	c	Excessive drinking, percent, 2016	15.0%		17.0%	17.4%	County Health Rankings
	d	Physical inactivity, percent, 2014	24.0%		25.0%	24.4%	County Health Rankings
	e	Poor physical health days, 2016	3.1		3.1	32	County Health Rankings
	1	Sexually transmitted infections, rate per 100000, 2015	499.4		394.8	436.6	County Health Rankings

Chronic Health Status

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

TAB 8 Uninsured Profiles/Community Invest

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

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
8	a	Uninsured, percent, 2015	9%		10.0%	10.7%	County Health Rankings
		Big 12 KS Norm includes the following counties: Johnson, W	yandotte, Butler, Douglas, L	eavenworth,	Riley, Saline, Sedg	wick, Shawnee, Finne	, Ellis and Reno.

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

	Shawnee County Health Dept Community Contribution	YR 2018 6M	YR 2017	YR 2016	Yr 2015
a	Core Community Public Health (Admin, Gatekeepers, NFP, PHEP, CHOP, CHC)	\$2,811,476	\$2,438,253	\$2,788,405	\$3,466,961
b	Child Care Inspections	\$353,463	\$329,062	\$305,707	\$281,448
с	Environmental Services	\$343,933	\$355,692	\$304,348	\$294,696
d	Home Health / Healthy Start (MCH & FIMR)	\$596,835	\$464,461	\$446,948	\$384,283
e	Immunizations / Vaccine # (VFC & private)	9,221	11,656	13,822	15,102
f	Immunizations / Vaccine \$	\$705,318	\$693,321	\$732,223	\$589,912
g	Primary Care, lab, minor procedures	\$0	\$332,089	\$4,392,775	\$3,890,797
h	Screenings: Blood pressure / STD (includes entire CD/STI/TB Clinic)	\$450,868	\$382,205	\$379,356	\$368,383
ì	Vaccine - received from State	6,925	8,741	10,422	10,823
ĵ	WC Administration	\$1,099,880	\$963,859	\$929,384	\$819,320
	Notes: * This is the direct cost of our Community Health Center amounts given to GraceMed to take over the CHC. These amou took over CHC operations on 7/1/16.				

TAB 9 Mortality Profile

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

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

TAB 10 Preventive Health Profile

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

Tab		Health Indicator	Shawnee Co KS	Trend	State of KS	KS BIG 12 Norm	Source
10	a	Access to exercise opportunities, percent, 2016	87%		81.0%	82.6%	County Health Rankings
	b	Diabetes monitoring, percent, 2014	90%		86.0%	85.7%	County Health Rankings
	c	Mammography screening, percent, 2014	68%		63.0%	64.9%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP/Dentist/Eye	TBD		TBD	TBD	TBD

c) PSA Primary Research:

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

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

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

Shawnee Co	KS CHN/	\Wave #	#3 2018 (N	=2324) FIN	AL	
Gender Mix	Replies	%	Zip	City	Replies	%
Female	1071	79.2%	66614	Topeka	248	18.6%
Male	282	20.8%	66604	Topeka	186	14.0%
Answered Question	1353	100.0%	66605	Topeka	123	9.2%
AGE Mix	Replies	%	66606	Topeka	116	8.7%
<18	2	0.1%	66618	Topeka	74	5.6%
18-34	312	23.0%	66610	Topeka	68	5.1%
35-44	273	20.1%	66611	Topeka	67	5.0%
45-54	256	18.8%	66617	Topeka	54	4.1%
55-64	340	25.0%	66609	Topeka	43	3.2%
65-74	147	10.8%	66607	Topeka	34	2.6%
75+	29	2.1%	66615	Topeka	28	2.1%
Answered Question	1359	100.0%	66409	Berryton	27	2.0%
Ethnic Mix	Replies	%	66608	Topeka	24	1.8%
African American / Black	65	4.9%	66539	Silver Lake	22	1.7%
Caucasian / White	1153	87.7%	66616	Topeka	21	1.6%
Hispanic, any race	68	5.2%	66402	Auburn	16	1.2%
Asian	11	0.8%	66542	Tecumseh	16	1.2%
Amer Indian / Native Amer	17	1.3%	66612	Topeka	11	0.8%
Answered Question	1314	100.0%	66619	Topeka	10	0.8%
Household Income	Replies	%	66603	Topeka	7	0.5%
Less than \$20,000	109	8.3%	66533	Rossville	5	0.4%
\$20,000 - \$29,000	96	7.3%	66546	Wakarusa	5	0.4%
\$30,000 - \$49,000	262	19.9%	66601	Topeka	1	0.1%
Over \$50,000	849	64.5%	Shawnee Co	o Zips (Total)	1206	90.6%
Answered Question	1316	100.0%	Othe	er Zips	125	9.4%
Employment Status	Replies	%	Answered	Question	1331	100.0%
Full time	985	72.7%				
Part time	134	9.9%			Replies	%
Unemployed	68	5.0%	Doctor	's office	1060	27.8%
Retired	119	8.8%		spital	267	7.0%
Self-employed	26	1.9%	Churc	h group	34	0.9%
Student	22	1.6%		rnet	916	24.0%
Answered Question	1354	100.0%		hool	74	1.9%
Education	Replies	%		/friends	385	10.1%
Some high school	22	1.6%		orary	96	2.5%
High school graduate	135	9.9%		V	171	4.5%
Some college	317	23.3%		ndio	69	1.8%
College graduate	885	65.1%		nagazines	199	5.2%
Answered Question	1359	100.0%		ksite	243	6.4%
Most health information (3)	Replies	%		epartment	111	2.9%
Yes	1306	95.6%		lmedia	187	4.9%
No	60	4.4%	Answered	Question	3812	100.0%
Answered Question	1366	100.0%		as of 09/11	1/18	

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

Chart #2 - Quality of Healthcare Delivery Community Rating

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

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

hawnee Co KS - Community Health Assessment Wave #3	For	ROUT	TINE Care			For URGENT Care				
Where do you go for		2018 Shawi Online N=		2015 Shav CHNA N=			2018 Sha Online		2015 Shaw CHNA N=	
Answer	Trend	Responses	%	Responses	%	Trend	Responses	%	Responses	%
Doctor's office	-3.2%	1230	91.3%	1276	94.5%	-8.5%	234	17.6%	456	26.1%
Community Health Center	0.6%	12	0.8%	3	0.2%	1	NA	NA	NA	NA
Emergency Room	0.1%	2	0.1%	0	0.0%	1-3.9%	221	16.6%	358	20.5%
Urgent/express care clinic	2.3%	52	3.8%	21	1.6%	12.5%	843	63.4%	891	51.0%
Other clinic	-0.7%	13	0.8%	20	1.5%	-0.4%	10	0.8%	20	1.1%
None	0.4%	38	2.6%	30	2.2%	0.3%	21	1.6%	23	1.3%

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

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

In general, how big of a problem are the following healthcare issues in our community? (Top 5 - Very BIG)		Shawnee Co Online N=2324		2015 Shawnee Co CHNA N=1361	
Answer	Trend	Responses	%	S	%
Mental health issues	1.9%	1223	10.1%	782	8.1%
Overweight / obesity	-1.8%	1103	9.1%	1046	10.9%
Alcohol / drug abuse	0.9%	1017	8.4%	717	7.5%
Not eating healthy	-2.0%	969	8.0%	960	10.0%
Lack of exercise	-2.2%	922	7.6%	946	9.9%
Opioid abuse/dependence	NA	857	7.1%	NA	NA
Diabetes	-0.5%	802	6.6%	682	7.1%
Tobacco use	-0.9%	689	5.7%	635	6.6%
Heart disease/stroke	-0.6%	632	5.2%	557	5.8%
Knowledge of available services	0.0%	587	4.8%	462	4.8%
Oral, dental health	1.0%	570	4.7%	359	3.7%
Access to primary healthcare	0.4%	557	4.6%	403	4.2%
Transportation to HC services	0.9%	551	4.5%	353	3.7%
Cancer	-1.1%	462	3.8%	472	4.9%
Lung, respiratory illness	-1.3%	301	2.5%	366	3.8%
Arthritis, joint/back pain	-1.7%	289	2.4%	394	4.1%
Teen pregnancy	-0.2%	253	2.1%	222	2.3%
Infant mortality	0.4%	170	1.4%	95	1.0%
Infant immunizations	-0.2%	160	1.3%	147	1.5%

How would "our community" rate each of the following? Likert 5pt Report Bottom 2 boxes (Poor / Very Poor)	Shawnee Co Online N=2324	Trend	CHNA Wave #3 Norms (13) N= 2163
Ambulance Services	4.0%		3.4%
Child Care	10.2%		10.7%
Chiropractors	4.9%		4.8%
Dentists	5.9%		10.3%
Emergency Room	10.3%		9.6%
Eye Doctor/Optometrist	2.2%		3.2%
Family Planning Services	16.6%		15.5%
Home Health	12.5%		12.4%
Hospice	4.5%		5.9%
Inpatient Services	6.6%		5.8%
Mental Health	48.5%		41.4%
Nursing Home	25.8%	1	22.5%
Outpatient Services	6.8%		5.7%
Pharmacy	3.5%		3.1%
Physician Clinics	6.0%		5.1%
Public Health	18.4%		13.4%
School Nurse	11.8%		11.2%
Specialists	10.5%	1	11.6%

Chart #6 - Community Health Readiness

Chart #7 – Personal Health Challenges

Top health challenges you and/or your family face? (Multiple)		2018 Shawnee Co Online N=2324		2015 Shawnee C CHNA N=1361	
Answer	Trend	Responses	%	Responses	%
Overweight/obesity	-2.1%	539	18.0%	514	20.2%
Joint or back pain	0.4%	491	16.4%	409	16.0%
High blood pressure	-1.4%	446	14.9%	415	16.3%
Mental health issues	4.2%	335	11.2%	178	7.0%
Diabetes	0.1%	315	10.5%	265	10.4%
Heart disease	-1.1%	190	6.4%	189	7.4%
Cancer	-1.3%	151	5.1%	161	6.3%
Alcohol overuse	1.4%	83	2.8%	35	1.4%
Lung disease	0.8%	79	2.6%	46	1.8%
Family planning	1.6%	48	1.6%	NA	NA
Stroke	0.4%	46	1.5%	30	1.2%
No health challenges	-3.1%	267	8.9%	307	12.0%

What health issues do you / family need education about? (Top 5)			Shawnee Co Online N=2324		vnee Co =1361
Answer	Trend	Responses	%	Responses	%
Exercise / physical activity	-1.9%	376	13.5%	342	15.4%
Mental health / Depressions	4.6%	319	11.4%	151	6.8%
Nutrition	-2.5%	316	11.3%	307	13.8%
Diabetes	1.2%	188	6.7%	123	5.5%
Blood pressure	0.5%	174	6.2%	127	5.7%
Quit smoking	1.7%	143	5.1%	75	3.4%
Heart disease	0.8%	120	4.3%	78	3.5%
Dental screenings	1.7%	108	3.9%	49	2.2%
Suicide prevention	2.6%	95	3.4%	18	0.8%
Cancer	0.6%	84	3.0%	53	2.4%
Eating disorders	0.5%	77	2.8%	50	2.3%
Fall prevention	0.6%	66	2.4%	40	1.8%
Family planning	2.1%	59	2.1%	NA	NA
Vaccination/immunizations	-0.4%	49	1.8%	47	2.1%
Prenatal care	0.5%	34	1.2%	17	0.8%
No issues	-12.5%	582	20.9%	741	33.4%

Chart #9 – Healthcare Service Issues

Issues that prevent you / your family from USING community's HC services?		Shawnee Co Online N=2324		2015 Shawnee Co CHNA N=1361	
Answer	Trend	Responses	%	Responses	%
Too expensive, unable to pay co-pays / deductibles	3.9%	345	21.5%	80	17.6%
Can't get an appointment, too long of a wait	-2.1%	330	20.6%	103	22.7%
Lack of available doctors	5.7%	197	12.3%	30	6.6%
Office not open when we can go	-2.5%	164	10.2%	58	12.8%
Unsure if services are available	-2.2%	124	7.7%	45	9.9%
No insurance, unable to pay for care	0.1%	121	7.6%	34	7.5%
Fear (not ready to face/discuss health problem)	0.5%	99	6.2%	26	5.7%
Don't know if a doctor is really needed	-7.1%	74	4.6%	53	11.7%
Transportation to service	1.9%	65	4.1%	10	2.2%
Don't know how to find a doctor	1.0%	62	3.9%	13	2.9%
Cultural/religious beliefs	0.3%	9	0.6%	1	0.2%
Language barriers	0.5%	11	0.7%	1	0.2%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

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

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

	Providers Del			
	Shawnee County KS -	Primary Service	Area	
		Physi	cians	Allied Staff
PEC	FTE Providers Working in PSA	MD / DO only	Visiting DR*	Non MD/DO
SPEC	Primary Care:			
FP	Family Medicine	75		127
EXP	Express Care	16		19
IM	Internal Medicine	46		15
OBG	OB/Gyn	19		6
OBGM	Midwifes			7
PEDS	Pediatrics	19		18
	Medicine Specialists:			
ALL	Allergy/Immunology	3		
CARD	Cardiovascular	22		12
CARDP	Cardiovascular Ped	2		
DERM	Dermatology	7		1
ENDO	Endocrinology	7		13
ENDOP	Endocrinology Ped	4		1
GAS HEMO	Gastroenterology Hematology/Onc	10 12		3
_				3
RADO IFD	Radiology/Oncology Infectious Diseases	<u> </u>		4
NEP		7		1
NEP	Nephrology	12		6
PSY	Neurology	27		14
	Psychiatry Psychiatry Ped			14
PSYCH	Psychology	<u> </u>		5
PUL	Pulmonary Diseases/Sleep	14		3
RHE	Rheumatology	6		3
KIL				
	Surgery Specialists:	0		0
SUR	General Surgery / Colon	19		8
RADIV	Interventional Radiology	5		0
ORS	Oral/Maxillofacial Surgery	0		2
NEUS	Neurological Surgury	3		4
OPH	Ophthalmology	19		40
ORTH	Orthopaedic Surgery	19		12
OTOL	Otolaryngology ENT	8		
PLAS	Plastic Surgery Cardiothoracic Vasc Surg	8		2
CART				2
URL	Urology/Urogynecology	11		3
4.4	Hospital Based:	0		
	Anesthesia/Pain	28		24
EMER	Emergency	35		14
HSPT	Hospitalist	34		10
HSPTP	Hospitalist Ped	8		2
NEO	Neonatal/Perinatal	9		4
MATFET	Maternal Fetal	2		-
RAD	Radiology (Diagnostic)	26		5
TELE	Telemedicine/Teleradiology	6		
PHY	Physical Medicine/Rehab	7		00
	Physical Therapy	4.4		26 3
PATH	Pathology	14		-
OCC	Occupational Medicine Palliative Care	4		1
PALL		3		2
POD	Podiatry			3
AUD	Audiology			1
DENT Wou	Dentistry Wound	1		5
vvciii		1		1

*FTE Specialists serving the community who office outside the PSA

Shawnee County (KS) Area Health Services Directory

Emergency Numbers:

Police/Sheriff	911
Fire	911
Ambulance	911

Non-Emergency Numbers:

County Sheriff 785-336-2311

Outside Topeka KS Non-Emergency Numbers

	Police/Sheriff	Fire
Baileyville	785-336-2311	785-866-2260
Bern	785-336-2311	785-336-6135
Centralia	785-336-2311	785-857-3516
Corning	785-336-2311	785-866-2260
Goff	785-336-2311	785-866-2260
Oneida	785-336-2311	785-866-2260
Sabetha	785-284-2158	<mark>785-866-226</mark> 0
Seneca	785-336-6135	785-866-2260
Wetmore	785-336-2311	785-866-2260

AARP Kansas 555 S. Kansas Avenue, Suite 201 Topeka, KS 66603 785-234-1365 Toll Free 1-866-448-3619 Fax: 785-232-8259 Website: www.aarp.org/ks Email: ksaarp@aarp.org

Adaptive Recreation & Inclusion Services Division of SNCO Parks and Recreation 4330 SW Conservatory Drive, Gage Park Topeka, KS 66606 785-368-0989 Website: www.parks.snco.us Email: amanda.bridges@snco.us

Adult Education Center Topeka Public Schools USD 501 Located at Washburn Institute of Technology 5724 SW Huntoon Street, Bldg D Topeka, KS 66604 785-235-7690 or 785-235-7692 Fax: 785-235-7698 Email: pwilliam@topeka.k12.ks.us

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

Alzheimer's Association Heart of America Chapter 3625 SW 29th Street, Suite 102 Topeka, KS 66614 785-271-1844 24-hour Information and Support Line: 1-800-272-3900 Fax: 785-271-1804 Website: www.alz.org/kansascity Email: <u>Cindy.Miller@alz.org</u> American Cancer Society, Inc. High Plains Division 1315 SW Arrowhead Road Topeka, KS 66604-4020 785-273-4462 Fax: 785-273-1503 24-hour information/emergency number: Toll Free 1-800-227-2345 Website: www.cancer.org Email: stephanie.weiter@cancer.org

American Diabetes Association Kansas City/Topeka Area Office 6900 College Blvd, Ste 250 Overland Park, KS 66211 913-383-8210 Toll free: 1-888-342-2383 ext. 6841 Website: www.diabetes.org Email: pthedinger@diabetes.org

American Heart Association, Inc. 5375 SW 7th Street, Suite 300 Topeka, KS 66606 785-272-7056 Fax: 785-272-2425 Website: www.heart.org

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

American Red Cross Kansas Capital Area Chapter 1221 SW 17th Street, Topeka, KS 66604 785-234-0568 Toll Free: 1-866-990-9910 Fax: 785-234-5758 Website: www.redcross.org/kansascapital Email: Joann.Long@redcross.org

Antioch Family Life Center 1921 SE Indiana, Topeka, KS 66607 785-232-1937 Fax: 785-232-259 www.antiochfamilylifecenter.org Email: aflc@antiochtopeka.org Arthritis Foundation Kansas Area Office: 1999 N Amidon Road, Suite 105 Wichita, KS 67203-2122 316-263-0116 Toll Free: 1-800-362-1108 Fax: 316-263-3260 Website: www.arthritis.org Email: info.ks@arthritis.org In Topeka: 2901 SW Burlingame Rd. Topeka, KS 66611 785-272-8461 Email: pattyd@arthritis.org

Better Business Bureau of Kansas 345 N. Riverview Street, Suite #720 Wichita, KS 67203 316-263-3146 Toll Free: 1-800-856-2417 Fax: 316-263-3063 Website: www.kansasplains.bbb.org Email: info@kansasplains.bbb.org

Birthright of Topeka, Inc. 512 SW 7th Street, P.O. Box 414 Topeka, KS 66601-0414 785-234-0701 Toll Free: 1-800-550-4900, 24-hour Birthright Hotline

Brewster at Home 1205 SW 29th Street, Topeka, KS 66611 785-274-3303 Fax: 785-267-9355 Website: www.brewsterplace.org Email: EileenM@brewsterplace.org

Brewster Rehab Center 1001 SW 29th Street, Topeka, KS 66611 785-274-3336 Fax: 785-266-5782 Website: www.brewsterplace.org Email: scotts@brewsterplace.org

Caring Pregnancy Options, Inc. 2041 McAlister Street, Topeka, KS 66604 785-249-6130 Website: www.cpotopeka.org Capital City Equality Center, Inc (CCEC) Topeka, KS 785-249-3651 Website: www.capcitycenter.org Catholic Charities of NE Kansas, Inc 234 S. Kansas Ave, Topeka, KS 66603 785-233-6300 Fax: 785-233-7234 Website: www.catholiccharitiesKS.org

Center for Community Support & Research Wichita State University 1845 Fairmount, Box 201 Wichita, KS 67260-0201 316-978-3843 Toll Free 800-445-0116 Fax: 316-978-3593 Website: www.wichita.edu/ccsr Email: supportgroups@wichita.edu

City of Topeka Housing & Neighborhood Development 620 SE Madison, 1st Floor Topeka, KS 66607-1118 (785) 368-3711 Fax: (785) 368-2546 Website: www.topeka.org/hnd/

City of Topeka Planning Department 620 SE Madison Street, 3rd Floor Topeka, KS 66607 785-368-3728 Fax: 785-368-2535 Website: www.topeka.org/Planning Email: bfiander@topeka.org

Community Action, Inc. Administrative Services (Child & Adult Care Food Program (CACFP), Fiscal, Human Resources) Mailing: PO Box 5256, Topeka, KS 66605 Physical: 455 SE Golf Park Blvd., Topeka, KS 66605 Phone: 785-235-9561 CACFP: 785-232-3258 Fax: 785-235-9564 www.cactiontopeka.com Community Resources Council, Inc. 455 SE Golf Park Blvd PO Box 5183, Topeka, Kansas 66605-2862 785-233-1365 Fax: 785-233-1905 Website: www.crcnet.org Email: crcexec@crcnet.org

Cornerstone of Topeka, Inc. 1195 SW Buchanan, Suite 103 Topeka, KS 66604-4198 785-232-1650 Fax: 785-232-3255 Website: www.cornerstoneoftopeka.org Email: chris@corner1.org

Critter Care of Topeka P.O. Box 67341 Topeka, KS 66667-0341 785-478-9985 www.crittercareoftopeka.com Email: cc@crittercaretopeka.com

Custom Computer Training Kansas Legal Services, Inc. 712 S Kansas, Suite 414 Topeka, KS 66603 Marilyn Harp, Executive Director (785) 270-5629 (785) 354-8311 Website: www.kansaslegalservices.org

Disability Rights Center of Kansas, Inc. 635 SW Harrison Street, Suite 100 Topeka, KS 66603 785-273-9661 Toll Free: 877-776-1541 TDD Toll Free 877-335-3725 Fax: 785-273-9414 Website: www.drckansas.org Email: info@drckansas.org

Chadwick J. Taylor, District Attorney Third Judicial District Shawnee County Courthouse 200 SE Seventh Street, Suite 214 Topeka, KS 66603 785-251-4330 Fax: 785-291-4909 Website: http://www.snco.us/da/ Doorstep, Inc. 1119 SW 10th Avenue Topeka, KS 66604 785-357-5341 Fax: 785-232-4865 Website: www.doorsteptopeka.org Email: lisa@doorstepinc.com

Easter Seals Capper Foundation 3500 SW 10th Avenue Topeka, KS 66604 785-272-4060 Fax: 785-272-7912 Website: www.capper.easterseals.com Email: abilities@capper.easterseals.com

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

Environmental Health Services Shawnee County Health Agency 1515 NW saline St North Annex, Suit 101 Topeka, KS 66618 785-291-2455 Fax: 785-251-2499 www.shawneehealth.org

ERC Resource & Referral ChildCare Aware of Eastern Kansas 1100 SW Wanamaker, Suite 101 Topeka, KS 66604 785-357-5171 Toll Free: 877-678-2548 Fax: 785-357-1813 Website: nenc.ks.childcareaware.org Email: info@nenc.ks.childcareaware.org Lawrence Office 846 Illinois, Lawrence KS 66044 785-865-0669 Salina Office 1512-A East Iron, Salina KS 67401 785-820-8232 Expecting Success – Job Success Program Kansas Legal Services 712 S. Kansas Avenue, 4th Floor Topeka, KS 66603 785-270-5614 Fax: 785-354-8311 Website: www.kansaslegalservices.org

Futures for Tomorrow, LLC 200 Arco Place, Suite 428 Independence, KS 67301 866-332-1226 Fax: 620-331-1860 Website: www.futuresfortomorrow.net Email: jwright@futuresfortomorrow.net

Gatekeepers Shawnee County Health Agency 1615 SW 8th Avenue Topeka, KS 66606 785-368-2751 Fax: 785-368-2098 Website: www.shawneehealth.org haadmin@snco.us

GO Topeka/Entrepreneurial and Minority Business Development 120 SE Sixth Avenue, Suite 110 Topeka, KS 66603 785-231-6000 Fax: 785-231-6075 Website: <u>www.GOTopeka.com</u>

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

Greater Topeka Chamber of Commerce 120 SE Sixth Avenue, Suite 110 Topeka, KS 66603 785-234-2644 Fax: 785-234-8656 Website: www.TopekaChamber.org Email: topekainfo@topekachamber.org Grief and Loss Services Midland Care 200 SW Frazier Circle, Topeka, KS 66606 785-232-2044 Toll Free: 1-800 491-3691 Fax: 785-232-5567 www.midlandcareconnection.org

Habitat for Humanity, Inc. 2907 SW Topeka Blvd., Suite C Topeka, KS 66607 785-234-4322 Website: www.topekahabitat.org Email: <u>exec@topekahabitat.org</u>

Harvesters The Community Food Network 215 SE Quincy Street Topeka, KS 66603 Toll-free: 877-353-6639 Fax: 785-861-7784 Website: <u>www.harvesters.org</u>

Heartland Visioning 120 SE Sixth Street, Suite 110 Topeka, KS 66603 785-231-6006 Fax: 785-234-8656 Website: www.heartlandvisioning.com Email: info@heartlandvisioning.com

Helping Hands Humane Society, Inc. 5720 SW 21st Street Topeka, KS 66604 785-233-7325 Fax: 785-233-8151 Website: www.hhhstopeka.org Email: <u>helpinghands@hhstopeka.org</u>

Housing and Credit Counseling, Inc.(HCCI) 1195 SW Buchanan Street, Suite 101 Topeka, KS 66604 785-234-0217 Toll Free 1-800-383-0217 Fax: 785-234-4289 Website: www.hcci-ks.org Email: hcci@hcci-ks.org

I Care, Inc. 2914 SE Michigan Avenue Topeka, KS 66605-2648 785-267-5910 IBSA, Inc. 629 SE Quincy Street, Suite 102 Topeka, KS 66603-3921 785-422-0761 Website: www.ibsa-inc.org Email: <u>admin@ibsa-inc.org</u>

Junior League of Topeka, Inc. 719 SW Van Buren Street, Suite 201 Topeka, KS 66603 785-273-0830 Fax: 785-291-0834 Website: www.jltopeka.org Email: <u>email@jltopeka.org</u>

Kansas Department for Children and Families (DCF) Topeka Service Center 500 SW Van Buren Street Topeka, KS 66603 785-296-2500 Customer service: 785-296-8768 Website: <u>www.dcf.ks.gov</u>

Kansas Department of Revenue Docking State Office Building 915 SW Harrison Street Topeka, KS 66612-1588 785-368-8222 Fax: 785-368-8392 Website: www.ksrevenue.org

Kansas Human Rights Commission 900 SW Jackson, 568 South Topeka, KS 66612 785-296-3206 Fax: 785-296-0589 Toll Free: 1-888-793-6874 Website: www.khrc.net

Kansas Legal Services, Inc. 712 S Kansas Avenue, Suite 201 Topeka, KS 66603 Marilyn Harp, Director 785-354-8531 Fax: 785-233-2096 Website: www.kansaslegalservices.org

Kansas Legal Services, Inc. Employment Training Division 712 S. Kansas Avenue, 2nd Floor Topeka, KS 66603 Marilyn Harp, Executive Director 785-233-2068 Fax: 785-354-8311 Website: www.kansaslegalservices.org

Kansas Neurological Institute 3107 SW. 21st Street Topeka, KS 66604-3298 785-296-5389 Fax: 785-296-7923

Kansas Statewide Transgender Education Project (K-STEP) Topeka, KS 785-215-7436 Website: <u>www.k-step.org</u>

Kansas Telecommunications Access Program (KTAP) 4848 SW 21st Street, Suite 100 Topeka, KS 66604 785-234-0200 Website: www.kansastap.org Email: tap@kstelecom.com

Kansas Traffic Safety Resource Office 2930 Wanamaker Drive, Suite 100 Topeka, KS 66614 785-233-5885 Toll Free: 800-416-2522 Fax: 785-233-1342 Website: www.ktsro.org Email: KTSRO@dccca.org

K-State Research & Extension - Shawnee County 1740 SW Western Avenue Topeka, KS 66604-3052 785-232-0062 Fax: 785-232-0093 Website: www.shawnee.ksu.edu Email: sn@listserv.ksu.edu

League of Women Voters of Topeka-Shawnee County Webstie: www.lwvtsc.org Maryanna Quilty, 2013 President 785-234-6925 or 785-224-4406 Let There Be Light Ministries 1013 SW 6th Street Topeka, KS 66606 785-230-4659 Email: <u>suelacey@cox.net</u>

Let's Help, Inc. 200 South Kansas Ave. Topeka, KS 66603 785-234-6208 Fax: 785-354-7145 Website: www.letshelpinc.org Email: <u>ShellyL@letshelpinc.org</u>

The Leukemia & Lymphoma Society -Kansas Chapter 300 N. Main, Suite 300 Wichita, KS 67202 316-266-4050 Toll Free: 1-800-779-2417 Fax: 316-266-4960

Magic Meals Home Delivery (FP) 6722 SW Urish Road (No Public Office) Auburn, KS 66402 785-554-4524 Website: www.mealslikemagic.com Email: <u>chefs@mealslikemagic.com</u>

Midland Care 200 SW Frazier Circle Topeka, KS 66606 785-232-2044 Toll Free 1-866-394-3600 Fax: 785-232-5567 Website: www.midlandcareconnection.org

Midland Care Residential Center 120 SW Frazier Circle Topeka, KS 66606 785-232-2044 Toll Free: 1-800-491-3691 Fax: 785-232-5567 Website: www.midlandcareconnection.org

Mosaic, Inc. 913-788-8400 913-788-3918 Website: www.mosaickansascity.org Email: <u>lindsay.cornella@mosaicinfo.org</u> Mothers Against Drunk Driving PO Box 144 Burlingame, Kansas 66413 Toll Free: 1-800-443-6233 Fax: 785-654-2374 Email: <u>ks.state@madd.org</u>

Muscular Dystrophy Association 10550 Barkley St, Suite 200 Overland Park, KS 66212 913-451-3230 Fax: 913-451-3339 Website: www.mda.org Email: <u>675.office@mdausa.org</u>

National Multiple Sclerosis Society Mid-America Chapter Eastern Kansas Branch 7611 State Line Road., Suite 100 Kansas City, MO 64114 913-432-3926 Toll Free: 1- 800-344-4867 Fax: 816-361-2369 Website: www.msmidamerica.org

Parents, Families and Friends of Lesbians, Gays, Bisexuals and Transgendered Lawrence - Topeka PFLAG Topeka, KS 66611-1656 785-841-2345 Headquarters Counseling 24 hours a day Website: www.pflagnekansas.org Email: sffeist@msn.com

Positive Connections, Inc. 1001 SW Garfield, Suite 4 Topeka, KS 66604 785-232-3100 Fax: 785-232-3186 Website: www.pcneks.org Email: <u>pcadmin@pcneks.org</u> Resource Center for Independent Living, Inc.

Home Office 1137 Laing Street Osage City, KS 66523 785-528-3105 Toll Free: 1-800-580-7245 Fax: 785-528-3665 Topeka Location 1507 SW 21st Street, Suite 203 Topeka, KS 66604 785-267-1717 Toll Free: 1-877-719-1717 Fax: 785-267-1711 Website: www.rcilinc.org Email: info@rcilinc.org

Right to Life of Kansas, Inc. P.O. Box 4812 Topeka, KS 66604 785-233-8601 Email: RTLK1@aol.com

Safe Streets Prevention & Recovery Services, Inc. 2209 SW 29th Street Topeka, KS 66611-1908 785-266-4606 Fax: 785-266-3833 Website: www.safestreets.org Email: szellers@safestreets.org

The Salvation Army 1320 E 6th Avenue P.O. Box 599 Topeka, KS 66601 785- 233-9648 Fax: 785-233-9846

Shawnee County Community Developmental Disabilities Organization (CDDO) A division of TARC 2701 SW Randolph Avenue Topeka, KS 66611 785-232-5083 Fax: 785-235-8041 Website: <u>www.sncddo.org</u> Shawnee County Conservation District 3231 SW Van Buren Street Topeka, KS 66611-2469 785-267-5721 Fax: 785-266-8293 Website: www.sccdistrict.com Email: judy@sccdistrict.com

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

Shawnee County Medical Society, Inc. 623 SW 10th Avenue Topeka, KS 66612 785-235-0996 Fax: 785-235-5114

Shawnee County Parks and Recreation 3137 SE 29th Street Topeka, KS 66605 785-267-1156 Fax: 785-266-0308

Sheltered Living, Inc. 3401 SW Harrison St Topeka, KS 66611-2277 785-233-2566 Fax: 785-266-8709 Website: www.shelteredliving.org Email: slisli@shelteredliving.org

Social Security Administration Field Office 600 SW Commerce Place Topeka, KS 66615 888-327-1271 TTY: 785-233-5951 800-772-1213 Fax: 785-232-3146 Website: www.socialsecurity.gov Stormont-Vail SANE/SART (Sexual Assault Nurse Examiner) (Sexual Assault Response Team) 1500 SW 10th Avenue Topeka, KS 66604 785-354-6107 Fax: 785-354-5004 Website: www.stormontvail.org Email: jthomas@stormontvail.org

TARC, Inc. 2701 SW Randolph Avenue Topeka, KS 66611 785-232-0597 Fax: 785-232-3770 Website: www.tarcinc.org Email: info@tarcinc.org

TAX ASSISTANCE K-State Research & Extension – Shawnee County 1740 SW Western Avenue Topeka, KS 66604 785-232-0062 Fax: 785-232.0093 Website: www.shawnee.ksu.edu

Topeka City of Character P.O. Box 152 Topeka, KS 66601-0152 785-273-4330 Fax: 785-354-1901 Email: topekacityofcharacter@gmail.com

Topeka Civic Theatre & Academy, Inc. 3028 SW 8th Avenue Topeka, KS 66606 785-357-5213 Fax 785-357-0719 Website: www.TopekaCivicTheatre.com Email: <u>Vickie@TopekaCivicTheatre.com</u>

Topeka Common Ground, Inc. Email: topekagarden@gmail.com Facebook: topekagardens.org Alternate address: 1108 SW Fleming Court. #105 Topeka, KS 66604 Topeka Housing Authority 2010 SE California Avenue Topeka, KS 66607 785-357-8842 Fax: 785-357-2648 Website: <u>www.tha.gov</u>

Topeka Independent Living Resource Center, Inc. 501 SW Jackson Street, Suite 100 Topeka, KS 66603-3300 785-233-4572 Toll Free: 800-443-2207 TDD 785-233-1815 Fax: 785-233-1561 Website: www.tilrc.org

Topeka Literacy Council, Inc. 1119 SW 10th Ave, Suite 6 Topeka, KS 66604-1105 785-234-2806 Email: topekaliteracy@juno.com

Topeka Metro Transit Authority 820 SE Quincy Street Topeka, KS 66612 785-783-7000 Fax: 785-354-8476 Website: www.topekametro.org

Topeka Moving Ahead Program (TMAP) Kansas Legal Services 712 S Kansas Avenue, 2nd Floor Topeka, KS 66603 Marilyn Harp, Executive Director 785-233-2068 Fax: 785-270-5639 Website: www.kansaslegalservices.org Email: vincentl@klsinc.org

Topeka North Outreach, Inc. Second Presbyterian Church 210 NW Menninger Road Topeka, KS 66617 785-286-1370 Website: www.topekanorthoutreach.org Email: topekanorthoutreach@gmail.com Topeka Police Department 320 S. Kansas Avenue, Suite 100 Topeka, KS 66603 785-368-9551 Website: <u>www.topeka.org/tpd</u>

Topeka Rescue Mission 600 N Kansas Avenue P.O. Box 8350 Topeka, KS 66608-0350 785-354-1744 Fax: 785-354-8661 Website: www.trmonline.org Email: trm@trmonline.org

Topeka-Shawnee County Public Library 1515 SW 10th Avenue Topeka, KS 66604-1374 785-580-4400 Fax: 785-580-4496 Website: www.tscpl.org Email: tscpl@tscpl.org

Topeka Workforce Center 1430 SW Topeka Boulevard Topeka, KS 66612-1853 785-235-5627 Fax: 785-233-5899 Website: www.workforcecenters.com/topeka

United Cerebral Palsy of Kansas 5111 E 21st Street P.O. Box 8217 Wichita, KS 67208 316-652-1538 Fax: 316-688-5687 In Topeka: 785-266-2266 Website: www.ucpks.org Email: davej@ucpks.org

United Way of Greater Topeka 1315 SW Arrowhead Road Topeka, KS 66604 785-273-4804 Services and Assistance: 2-1-1 Fax: 785-273-2467 Website: www.unitedwaytopeka.org Facebook Page: www.facebook.com/liveunitedTopeka Twitter: www.twitter.com/unitedwaytopeka

The University of Kansas Educational **Opportunity** Centers DOUGLAS AND SHAWNEE COUNTIES (Outreach Office) 305 Joseph R. Pearson Hall The University of Kansas 785-864-96-68 (By appointment only) WYANDOTTE COUNTY (Main Office) Gateway Tower II, Suite 235 400 State Avenue Kansas City, KS 66101 913-233-1124 (By appointment only) Washburn Law Clinic 1700 SW College Avenue Topeka, KS 66621 785-670-1191 Fax: 785-670-1094 YMCA of Topeka **Downtown Branch** M-F 5:00am-10:00pm Sat. 6:00am-6:00pm Sun. 1:00-6:00pm 421 SW Van Buren • Topeka, KS 66603 785-354-8591 Fax: 785-354-1611 Kuehne Branch M-F 5:30am-9:00pm Sat. 8:00am-6:00pm Sun. 1:00-6:00pm 1936 NW Tyler • Topeka, KS 66608 785-233-9815 Fax: 785-232-6224 Camp Hammond 6320 SE Stubbs Road • Berryton, KS 66409 785-379-5385 Southwest Branch M-F 5:00am-10:00pm Sat. 6:00am-6:00pm Sun. 1:00-6:00pm 3635 SW Chelsea Drive • Topeka, KS 66614 785-271-7979 Fax: 785-271-7982 Jack Gray: SW Branch Director jackg@ymcatopeka.org

YWCA Topeka 225 SW 12th Street, Topeka, KS 66612 785-233-1750 Fax: 785-233-4867 Website: www.ywcatopeka.org YWCA Center for Safety and Empowerment 225 SW 12th Street Topeka, KS 66612 785-354-7927 Topeka 785-362-2222 Holton 1-888-822-2983 24 Hour Hotline

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

KHA Patient Origin by Region - Inpatient

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

Shawnee, KS Residents Treated in KHA Reporting Area

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

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

Shawnee, KS Residents Treated in KHA Reporting Area

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

TOT22	TOT223E KHA Outpatient Visits by Revenue Category										
YR 2017		PSA	PSA SSA Counities								
SVH Total Shawnee Osage Jackson Jefferso Pottawatomi Lyon Waba								Wabaunse			
Rev Cat / Come & GO	Visits	KS	KS KS nKS eKS KS								
1 Emergency Dept (45x)	49,679	41,780	2,236	859	1341	250	206	539			
2 Surgery (36x, 49x)	13,151	8,923	800	498	491	302	385	214			
3 Observation (762)	4,952	3,742	280	134	178	58	73	77			

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TOT22	TOT223E KHA Outpatient Visits by Revenue Category										
YR 2016		PSA	SSA Counities								
	SVH Total										
Rev Cat / Come & GO	Visits	KS	KS KS nKS eKS KS eKS								
1 Emergency Dept (45x)	Emergency Dept (45x) 48,316 40,771 2,283 821 1364 243 154										
2 Surgery (36x, 49x) 12,518 8,567 739 454 467 281 311 24											
3 Observation (762)	5,790	4,391	322	167	234	68	65	75			

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TOT22	TOT223E KHA Outpatient Visits by Revenue Category									
YR 2015		PSA	SSA Counities							
Rev Cat / Come & GO	SVH Total Visits	Shawnee KS	Osage KS	Jackson KS	Jefferso n KS	Pottawatomi e KS	Lyon KS	Wabaunse e KS		
1 Emergency Dept (45x)	51,180	43,296	2,473	808	1365	241	197	474		
2 Surgery (36x, 49x)	12,495	8,476	772	458	506	315	361	281		
3 Observation (762)	19,097	12,829	1,075	662	714	435	504	387		

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Shawnee County KS CHNA Town Hall

Location: Shawnee County Health Department

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

Veterans going to the VA in Topeka.

School backpacks with food.

Depression is an issue. Worried about suicide.

Healthy Community:

- Clean Air, Water
- Depression rate
- Equity
- Life expectancy
- Accessibility to housing, shelter, care
- Maslow's Hierarchy of needs

Big Picture that will affect health:

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

Strengths:

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

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

Weaknesses/ Needs Improving:

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

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

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

		Wave #3 CHNA - S	haw	nee	County KS
		Town Hall Conversation - St	rength	ns (Whit	•
Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
1	ACC	Access	40	DOH	SW Co Health Dept
4	ACC	Hospital access	9	ECON	Increasing # profits focused on health
8	ACC	Access to general care facilities	23	ECON	coordinating closely with funders for
26	ACC	Healthcare providers/access	26	ECON	Stable economy/state capital
27	ACC	Access to services	27		Stable Economy
33	ACC	Already existing agencies/resources	32		Economic development
42	ACC	Access to care and assistance	39		Increased business growth
44	ACC	Resources	2		Emergency Care
34 39	AIR	Clean Air Clean Air	13 14	EMS EMS	Perceived EMS services Emergency Room Serivces
40	AIR AIR	Clean Air	3	FAC	Number of healthcare facilities
40	ALL	Expanded community healthcenter services	3 11	FAC	GraceMed
		Lots of people/groups working to improve			Gracewey
7	ALL	healthy/quality of life	14	FAC	GraceMed
35	ALL	Improving Medical care	21	FAC	GraceMed
2	BH	Solid mental health facility	25	FAC	Excellent medical facilities/access
14	BH	TPD Behavioral Health Unit	38	FAC	Downtown and NOTO improvements
15	BH	Accessibility to health/mental care	25	FINA	TCF funding to work on health related matters
21		Mental health court with City of Topeka Municipal Court	6	FIT	Access to exercise
41		Behavioral health unit in the police dept	15	FIT	Work/exercise zone
42		Safety> mental health	24	FIT	Access to exercise
18		Exclusive breastfeeding	28	FIT	Access to exercise
2	CLIN	Clinics	35	FIT	Exercise/infrastructure
28	CLIN	Excellent clinical care available	39	FIT	OPPortunity for active living
32 1		Specialty clinics numerous Colaboration	40 12	FIT GOV	Access to spaces to exercise Law enforcement
2		Collaborative partners/providers	29	GOV	Political support
33	COMM	Collaborative school districts	41	GOV	Fire/EMS/Police cooperation and training
40		Cooperation b/w organization	43	GOV	Police presence
44	COMM	Communication	5	HOSP	Hospital-> Stormont Vail
1	CORP	Increase in collaboration with new community partners	11	HOSP	Two hospital systems
2	CORP	Hospitals community focused	17	HOSP	Stabalizing hospital environment
4	CORP	Community partnerships	20	HOSP	Hospitals/Physicians
4	CORP	Commissioner of health support	30	HOSP	Two great hospitals
12	CORP	Community partnerships	32	HOSP	Hospitals
15	CORP	Community Baby Shower	33	HOSP	Stormont Vail Health System and access
19	CORP	Community involvement of local government	34	HOSP	Hospital/Healthcare Complex
24	CORP	Willingness of health providers to collaborate	40	HOSP	Access to hospitals
	CORP	Willingness of relevant agencies to collborate		HOSP	
25		and work together	41		Competitive hospitals in the city
26		Community collaboration	5	HSP	Hospice Care
27		Collaborative/willing partners	10	HSP	Home Care and Hospice
27 27		Partner/consumer centric activities Integrated approach	28 28	HSP IM	Access and excellent hospice services Emergency medicine
27		Collaboration from partners	28	INSU	Uninsured rate decreasing
31		Good community HC providers	19	KID	Activities and programs for school-aged
31		Infrastructure strong	22	KID	Early childhood education
36		Collaborative	32	KID	Early childhood education
38		Recent focus on community wide wellness	4	LIB	One public library
40	COPP	Community partnerships	9	MRKT	Better awareness of the community as to what health initiatives need attention
17		Charitable dental care- GraceMEd	12	MRKT	Health' being dicussed in more arenas
6		Many primary care doctors	19	MRKT	Recognition of Health Problems
22		Public Health/GraceMed	34	MRKT	Awareness
29	DOH	Large Health Dpmt and hospitals	35	MRKT	Awareness of needs
30	DOH	Health Dept	37	MRKT	Awareness of needs

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

		Wave #3 CHNA - S	haw	nee	County KS
		Town Hall Conversation - We	eakne	ss (Colo	or Cards) N= 56
Card #	C1	Today: What are the weaknesses of our community	Card #	C1	Today: What are the weaknesses of our community
38	ACC	that contribute to health? Access to Med Assisted Treatment	26	BH	that contribute to health? More mental health services
50	7,000		20	DIT	
2	ACC	Availability	5	BH	Need further mental health care and community discussion of mental health needs
43	ACC	Awareness of what is available	7	BH	Need more behavioral health services and options
1	ACC	Education on how health system is accessed	20	BH	Preventative services for mental health
40	ACC	Equity of access	28	BH	Shortage of Mental Helath Services
22	ACC	Expand Medicaid would help w/ healthcare access	13	BH	The number of psychiatrists in the area
3	ACC	Health Equity	11	BRST	% of WIC women breastfeeding
35	ACC	Health Literacy	8	BRST	Breast Feeding
42	ACC	Improved access to care	9	CANC	Heart and Cancer Diseases Morality Rate
22	ACC	Move access in S central/s east Topeka to providers	2	CARD	Hypertension
1	AGE	Care for fairly Healthy Ederly	36	CHRON	Chronic Pain Management
2	AGE	Perception? Delivery of healthcare services for older adults	28	CHRON	Outreach to people that are not seeking service until they become chronic
2	ALC	Drinking and Driving	32	CHRON	Resources for care coordination education on management of chronic disease
31	ALL	Access to healthy living options	28	CLIN	Access to free clinics
44	ALL	Healthcare services that need to be improved/changed	30	CLIN	Lack of free clinics
16	BH	Access to mental health services	1	COMM	Collaboration with Community Health Center
20	BH	Access to mental health services	30	COMM	Communication
18	BH	Better mental health access	32	COMM	Increase awareness and collaboration of services
44	BH	Community approach to managing mentally ill	3	СОММ	Professionals working better together
13	BH	Community based behavioral health services	16	DENT	Afforable dental access to care for adults
2	BH	Depression	30	DENT	Dental access
10	BH	Depression need to decrease in community	39	DENT	Dental Services
9	BH	Depression Rate	17	DENT	Gap fam plan afford dental care, insurance(weight loss)
27	BH	Improved opportunities for mental health/suicide	22	DERM	More dermatology
12	BH	Increased access to mental healthcare in places other than mental health center	29	DRUG	A better understanding of opiod addiction
1	BH	Increased availability to MH services	33	DRUG	Drug Abuse
28	BH	Lack for support structure for stressed kids	8	DRUG	Drugs
11	BH	Lack of mental health perception is too high	32	DRUG	Medication assisted tax on opiods
29	BH	Lack of secure mental health facility	3	DRUG	Opiod Initiative
29	BH	Lows for involuntary commitments should allow for more of the people we find in crisis	35	DRUG	Substance abuse
8	BH	Mental Health	14	DRUG	Substance Use
14	BH	Mental Health	23	ECON	Economic development- help bring kids up
35	BH	Mental Health	29	EMS	with food and shelter they need Lack of narcon for first responders
35 40	BН	Mental Health	29 8	FAM	Family Planning
34	BH	Mental Health access	14	FAM	Family Planning
43	BH	Mental health access	16	FAM	Family Planning services
31	BH	Mental health care	42	FINA	ACA not helpful with high deductibles
10	BH	Mental Health need to get better	1	FINA	Lower Cost Options
23	BH	Mental Health services that actually work and don't mask other issues	4	FIT	Better exercise- active living options
17	BH	Mental Healthcare	15	FIT	Black/Latino representation/ access to health and fitness
41	BH	MH access	34	FIT	Encouraging exercise policy, culture and infrastructure
24	BH	More mental health services	15	FIT	Improved access for transgender person to health and fitness

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

	Wave #3 CHNA - Shawnee County KS						
	Town Hall Conversation - Weakness (Color Cards) N= 56						
Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?		
27	STD	Improved opportunities for sex education	43	TRAN	Transportation		
34	STD	STD Prevention	28	TRAN	Transportation to healthcare		
8	STD	STD's	13	TRAN	Transportation to medical services		
22	STD	STI education and prevention	26	TRAN	Transportation to medical services		
36	STD	STI education and prevention	25	TRAU	Trauma		
15	SUIC	Better suicide prevention	18	VACC	Newborn flu visit		
2	SUIC	Suicide	17	VACC	Newborn Flu visits		
39	SUIC	Suicide	3	VET	Support for Veterans		
10	SUIC	Suicide Rates need to go down	39	VIO	Greater focus on prevention of violence		
42	SUIC	Suicide Rates need to go down	18	VIO	Physical Abuse- violence, murders		
32	SUIC	Suicide/Mental Health	42	VIO	Safety		
8	TPRG	Teenage Pregnancy	17	VIO	Violence		
28	TPRG	Teenage Pregnancy education	28	WELL	Information placed before people on how to stay healthy		
5	TRAN	Need transportation connecting into the county, lack of transit	26	WELL	More health education		
32	TRAN	Transporation embedded access to care for children					

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

	Wave #3 CHNA - Shawnee County KS								
	Town Hall Conversation - Define " A Healthy Communty" N= 56								
Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?				
4	ECON	Community with afforable, reliable resources that meet wide range of needs	25	OTHR	A community that provides education and political climate				
10	ECON	Mixed income	27	OTHR	Citizens safe				
31	ECON	Strong employment and income stability	35	OTHR	A shared belief in personal responsibility				
4	ECON	Vibrant Economic Structure to support wages	20		coupled with a drive to help others				
1		for adults to be able to live above the national	39	OTHR	Basic needs of life (food, shelter)				
34	FAC	Physical environment	19	OTHR	Choices for spiritual worship				
17	FIT	Access to education and awareness of healthy exercise	22	OTHR	Good employment settings, good employees				
8	FIT	Active community that gets enough exercise, keeping blood pressure, lipids and diabetes low	10	OTHR	High quality schools				
3	FIT	Addressses physical, emotional and spiritual care	10	OTHR	Low crime neighborhoods				
3	FIT	Creates environment that promotes physical mobility/walkability	42	OTHR	Maslow's Hierarchy of Needs				
18	FIT	Decreased obesity	36	OTHR	One that is vibrant- our people are able to live their most fulfilling life				
2	FIT	Emphasis on physical activities and spiritual support	34	OTHR	One where people are engaged in their own health and feel responsible for maintaining their health				
30	FIT	Exercise and fitness	34	OTHR	Spiritual/ faith community				
5	FIT	Low obesity rate	31	OTHR	Strong in faith and spiritual activities				
34	FIT	Phsyical activity	18	POV	Low poverty				
18	FIT	Physically active	41	POV	Low poverty rates				
22	H2O	Clean water, air	5	PREV	Low preventable diseases and mortality rate				
41	H2O	Clean water, air	39	PREV	preventative measures accessible to all				
26	HOUS	Access to affordable housing	31	QUAL	A healthy community is meeting or exceeding benchmark data on health measures				
36	HOUS	Affordable housing	1	QUAL	Adequate public and prvate health services to support the needs of individuals, families				
42	HOUS	Housing, food and shelter	28	QUAL	Health literacy				
13	HOUS	Quality affordable housing	27	QUAL	Health outcomes demonstrate this				
28	HOUS	Safe Housing	24	QUAL	People who have a safe place to live, have access to food, work income, healthcare and mental health services as needed				
34	HOUS	Shelter/housing	19	QUAL	Quality healthcare				
43	KID	Childcare	23	QUAL	Respect for the consumer				
26	KID	Low infant mortaility rate	6	QUAL	The community recognizes groups/people that are struggling with health issues and find ways to assist				
7	MRKT	Awareness of all or most services provided and how to gain access to services to maintain health and wellness	22	REC	Access to greenspace, recreation and exercise				
30	NUTR	A health community is a population made up of all ages that have access to nutritional food items	16	REC	Access to health activities- bike trails				
17	NUTR	Access to education and awareness of food	13	REC	Equal access to lieasure activities				
43	NUTR	Access to food	19	REC	Outdoor physical activities/events				
28	NUTR	Access to healthy food	15	REC	Plenty of opportunities to get outside				
19	NUTR	Easy access to groceries	19	REC	Robust neighborhoods with associated parks, pools etc.				
34	NUTR	Food	10	REC	Walkable cities				
41		Food security	5	SMOK	Low smoker rate				
16	NUTR	Healthy food available	43	SPEC	Specialists				
2	NUTR	Healthy food options	22	TOB	Low tobacco/alcohol				
29	NUTR	High focus on wellness, nutrition and prevention of illness and ailments	37	TOB	Tobacco free/active environment				
15	NUTR	Physical needs are being met- most adults have healthy diet and exercise habits	10	TRAN	Good public transportation				
8	OBG	No unintended pregnancy	41	TRAN	Good transportation options				
40	OTHR	#1 ranking among county in Kansas	23	TRAN	Provides easy access to healthcare via transportation and flexible hours				

	Wave #3 CHNA - Shawnee County KS						
	Town Hall Conversation - Define " A Healthy Communty" N= 56						
Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?		
16	TRAN	Transportation Available					
22	VIO	Low violence/crime					
43	WELL	A community with access to appropriate resources, the knowledge and training to					
36	WELL	Access to good education					
6	WELL	All members of the community have the tools, resources, education and opportunities to live a health life.					
9	WELL	Educates citizens					
34	WELL	Education					
18	WELL	Higher education level					
3	WELL	Promote wellness vs episodic care					

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

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

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

c) Public Notice & Requests

[VVV Consultants LLC]





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

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

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

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

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

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

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

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

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

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

English: <u>https://www.surveymonkey.com/r/ShawneeCo_CHNA</u> Spanish: <u>https://www.surveymonkey.com/r/ShawneeCo_CHNASpanish</u>

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

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

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

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

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

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

About Stormont Vail Health:

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

About Shawnee County Health Department:

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

###

EMAIL >>>>

From: Tracy O'Rourke and Linda Ochs To: Shawnee County Members/Community Leaders Date: July 23, 2018

Subject: CHNA Community Feedback Survey Request

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

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

English: <u>https://www.surveymonkey.com/r/ShawneeCo_CHNA</u> Spanish: <u>https://www.surveymonkey.com/r/ShawneeCo_CHNASpanish</u>

Thank you in advance for your time and support in participating with this important request. You can also find the survey on Stormont Vail's <u>website</u> and social media accounts (Facebook, Twitter and LinkedIn), as well as SCHD's <u>website</u>. Please provide your feedback by Friday, August 31, 2018.

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[Email signature]

We need your opinion!

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

TAKE A SURVEY:

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

ATTEND:

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

- Tuesday, Sept. 11, at 5:30-7:00 p.m. at Avondale East NET Center 455 S.E. Golf Park Blvd., Topeka, KS 66605
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 Thursday, Sept. 27 at 11:30 a.m.-1:00 p.m. at Shawnee County Health Department 2600 S.W. East Circle Drive, Topeka, KS 66606

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





Meeting Name: Community Health Needs Assessment: Community Town Hall Date: 9/27/18 Time: 11:30-1:00

Agenda

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

Confidential – Peer Review and/or Risk Management Pursuant to K.S.A. 65-4915 & K.S.A. 65-4921 et seq.

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d) Primary Research Detail Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA Shawnee Co Neighborhood Roundtables Moderator's Guide – 2018

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

I. Introductions/Purpose VVV shares (5 mins)

- > Thank everyone for attending this meeting make sure they have signed in
- Share Purpose To uncover neighborhood HEALTH practices and needs. <u>Specifically explore neighborhood attitudes about health delivery (body, mind, spiritual) quality / outcomes (a Triple AIM focus).</u> Also document what you would like to see improved & discuss any suggested NEW programs / services for your neighborhood.

• Roundtable meeting guidelines (Rules):

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

Topeka neighborhood health roundtable gathers input for town hall

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

By Brianna Childers bchilders@cjonline.com

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

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

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

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

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

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

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

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

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

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

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

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

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

By Morgan Chilson

cjonline.com

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

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

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

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

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

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

From the well-known statistics about problems with adult obesity to statistics highlighting issues with suicide and sexually transmitted

diseases, those in attendance heard a brief overview of the state of health in the area.

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

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

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

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

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

Health survey shows obesity as a concern in Shawnee County

Health survey shows obesity as a...

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

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

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

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

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

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

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

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

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

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

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

Community Health Needs Assessment 2018 – Shawnee Co, KS

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

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

Thank you in advance for your time and support in participating with this important request. You can also find the survey on Stormont Vail's <u>website</u> and social media accounts (Facebook, Twitter and LinkedIn), as well as SCHD's <u>website</u>. Please provide your feedback by Friday, August 31, 2018.

PART A: Community Perspective

[] Nutrition/healthy food options

1. In your opinion, how would you rate the overall quality of health care delivery in our community?

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

2. In your own words, what is the general community perception of health care providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Be specific)

3. From past Community Health Needs Assessments, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? (Select all that apply)

[] Affordable health care insurance	[] Obesity
[] Alcohol abuse	[] Personal health management
[] Awareness of existing health care services	[] Poverty
[] Chronic health	[] Primary care access
[] Drug/substance abuse	[] Substance abuse
[] Fitness/exercise options	[] Teenage pregnancy
[] Mental health access	[] Wellness/prevention

4. Which past Community Health Needs Assessment are <u>now</u> the most pressing for improvements? (Select top three)

[] Affordable health care insurance	[] Obesity
[] Alcohol abuse	[] Personal health management
[] Awareness of existing health care services	[] Poverty
[] Chronic health	[] Primary care access
[] Drug/substance abuse	[] Substance abuse
[] Fitness/exercise options	[] Teenage pregnancy
[] Mental health access	[] Wellness/prevention
[] Nutrition/healthy food options	

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

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

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

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

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

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

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

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

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

PART B: Personal Views

10. How would you describe your overall health?

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

11. Where do you and/or your family go for routine health care?

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

12. Where do you and/or your family go for urgent health care needs?

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

13. What are the top health challenges you and/or your family face? (Select up to three)

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

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

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

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

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

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

- [] Blood pressure
- [] Dental screenings
- [] Eating disorders
- [] Fall prevention
- [] Heart disease
- [] Nutrition
- [] Quit smoking

- [] Cancer [] Diabetes
- [] Diabetes
- [] Exercise/physical activity

[] Vaccination/immunizations

[] Other (please specify) _____

[] No issues

- [] Family planning
- [] Mental health/depressions
- [] Prenatal care
- [] Suicide prevention

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

[] Church group [] Family/friends [] Hospital [] Library [] Radio	 [] Doctor's office [] Health Department [] Internet [] Newspaper/magazines [] School 	[] Social media [] TV [] Worksite [] Other (please spec	cify)
PART C: Demographics			
A. For reporting purposes, ar	e you involved in or are you a .	? (Select all that apply)	
[] Business/merchant	[] EMS/eme	rgency	[] Other health professional
[] Community board membe	r [] Farmer/ra	ancher	[] Parent/caregiver
[] Case Manager/discharge p	lanner [] Hospital /	Health Department	[] Pharmacy/clinic
[] Clergy	[] Housing /	builder	[] Media (paper/TV/radio)
[] College/university	[] Insurance		[] Senior Care
[] Consumer advocate	[] Labor		[] Teacher /school admin
[] Dentist/optometrist/ chirc	practor [] Law enfor	cement	[] Veteran
[] Elected official (city/count	y) [] Mental he	ealth	
B. What is your home ZIP coc	le? (5-digit ZIP code; for examp	le: 66605 or 66614)]

C. What is your race/ethnicity?

[] Caucasian/White, non-Hispanic
[] Asian
[] Other (please specify)

D. What is your gender?

[] Male [] Fema	le
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E. What is your age?

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

F. What is your employment status?

[] Full time	[] Part time
[] Unemployed	[] Retired
[] Self-employed	[] Student

G. Do you have health insurance?

[]Yes []No

H. What is your highest level of education?

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

I. What is your household income?

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

Thank you for your feedback.

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

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

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

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

PARTE A: Perspectiva de la comunidad

1. En su opinión, ¿cómo usted calificaría la "calidad en general" de la prestación atención médica en nuestra comunidad?

[] Muy bien [] Bien [] Justa [] Pobre [] Muy pobre

2. En sus propias palabras, ¿cuál es la percepción gener de los proveedores de atención médica en la comunidad? (i.e. hospitales, doctores, salud pública, etc.) sirviendo a nuestra comunidad? (Sea específico)

- 3. A partir de las evaluaciones de las necesidades de salud en la comunidad en el pasado, un número de necesidades de salud fueron identificadas como prioridades. ¿Alguno de estos es un problema continuo para nuestra comunidad? (Por favor seleccione todo lo que aplique).
- [] Seguro médico a precios accesibles
- [] Abuso de alcohol
- [] Conocimiento de servicios de cuidado de salud existentes
- [] Salud crónica
- [] Droga/abuso de sustancias
- [] Acondicionamiento físico/opciones de ejercicio
- [] Acceso a la salud mental
- [] Nutrición / opciones de alimentos saludables

- [] Obesidad
- [] Manejo de salud personal
- [] Porbreza
- [] Acceso a cuidado de salud primaria
- [] Abuso de sustancias
- [] Embarazo en adolescentes
- [] Bienestar / prevención

4. ¿Qué evalución de necesidades de salud del pasado son ahora las más apremiantes para mejoras?? (Seleccione las tres principales)

[] Seguro médico a precios accesibles	[] Obesidad
[] Abuso de alcohol	[] Manejo de salud personal
[] Conocimiento de servicios de cuidado de salud existentes	[] Porbreza
[] Salud crónica	[] Acceso a cuidado de salud primaria
[] Droga/abuso de sustancias	[] Abuso de sustancias

[] Acondicionamiento físico/opciones de ejercicio

[] Embarazo en adolescentes

[] Acceso a la salud mental

[] Nutrición / opciones de alimentos saludables

[] Bienestar / prevención

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

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

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

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

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

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

8. En tu opinión, ¹hay algún servicio de atención médica o problema de entrega que usted sienta que necesiute mejora, trabajo y/o cambio?? (Por favor especifique)

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

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

Clínicas médicas	[]	[]	[]	[]	[]
Salud pública	[]	[]	[]	[]	[]
Escuela de enfermería	[]	[]	[]	[]	[]
Especialistas	[]	[]	[]	[]	[]

PARTE B: Vistas Personales

10. ¿Cómo describiría usted su salud en general?

[] Excelente [] Buena [] Justa [] Pobre

11. ¿A dónde va usted y/o su familia para cuidado de salud de rutina??

- [] Consultorio médico[] Centro de salud comunitario[] Sala de emergencias[] Clínica de cuidados urgentes/express
- [] No recibo cuidado de rutina [] Otro_____

12. ¿A dónde va usted y/o su familia para necesidades de cuidado de salud urgente??

[] El consultorio médico	[] Centro de salud comunitario
[] La sala de emergencias	[] Clínica de cuidados urgentes
• • · · · · · · · · · · ·	

[] No recibo cuidado de rutina [] Otro _____

13. ¿Cuáles son los principales retos de salud que usted y/o su familia enfrentan? (Seleccione hasta tres)

[] Consumo excesivo de alcohol	[] Cáncer
[] Diabetes	[] Planificación familiar
[] Enfermedad de corazón	[] Presión alterial alta
[] Dolor de articulaciones o espalda	[] Pulmón, enfermedades respiratorias
[] Problema de salud mental	[] Sobrepeso/obesidad
[] Derrame cerebral	[] Ninguno
[] Otro (por favor especifique)	

14. ¿Hat algún problema que impida que usted y/o su familia utilicen los servicios de atención médica en la comunidad? (Selccine todo lo quer aplique)

[] No puedo conseguir una cita, espera demasiado larg	ga [] Creencias religiosas/culturales
[] No sé cómo encontrar un doctor	[] No sé si en realidad se necesita un médico
[] Miedo (no estoy listo/a para enfrentar/discutir prob	lemas de salud) [] Falta de médicos disponibles
[] Barreras lingüísticas	[] Sin seguro, no poder pagar por la cuidado
[] Oficina no abierta cuando podemos ir	[] Muy caro, no poder pagar copagos/deducibles
[]Transportación al servicio	[] No estar seguro si los servicios están disponibles
[] Sin problemas	[] Otro (por favor especifique)

15. ¿Qué se necesita para mejorar su salud y/o la de su familaia? (Seleccione hasta 3)

[] Servicios de salud mental [] Má [] Más médicos de atención primaria [] Ins [] Lugares seguros para caminar/jugar [] Mé [] Asistencia de transporte [] Ser	mentos más saludables os educación sobre la salud talaciones recreativas edicos especialistas vicios de bienestar a la salud ro (por favor especifique)
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16. ¿En qué problemas de salud usted y/o su familia necesitan educación ? (Seleccione hasta 5)

[] Presión sanguínea	[] Cáncer
[] Exámenes dentales	[] Diabetes
[] Trastornos de la alimentación	[] Ejercicio/actividad física
[] Prevención de caídas	[] Planificación familiar
[] Enfermedad de corazón	[] Salud mental/depresiónes
[] Nutrición	[] Cuidado prenatal
[] Dejar de fumar	[] Prevención del suicidio
[] Vacunación/inmunizaciones	[]Sin problemas
[] Otro (por favor especifique)	

17. ¿Dónde usted y su familia consiguen la mayor parte de información de salud? ? (Seleccione todo lo que aplique)

[] Grupo de la iglesia	[] Cosultorio médico
[] Familia/amigos	[] Departamento de salud
[]Hospital	[] Internet
[] Biblioteca	[] Periódico/revistas
[]La radio	[] Escuela
[] Las redes sociales	[] Televisión
[] Sitio de trabajo	 Otro (por favor especifique)

PARTE C: Demográficos

A. Para propósitos de informe , ¿está usted involucrado o es usted u un...? (Selccione todo lo que aplique) ?

[] Negocio / comerciante	[]Ténico de Emergencias médicas	[] Otro profesional de la salud	
[] Miembro de la junta comunitaria	[] Agricultor/ ranchero	[] Padre /proveedor de	
cuidado			
[] Administrador de casos/			
planificador de dar de alta	[] Hospital / Departamento de salud	[] Farmacia / clínica	
[] Clero	[] Vivienda / Constructor	[] Medios de cominicació	
(Periódico//TV/Radio)			
[] Colegio / universidad	[] Seguro médico	[] Cuidado de ancianos	
[] Defensor del consumidor	[] Trabajo	[] Maestro/a/ Administrador	
de escuela			
[] Dentista/ Oculista / Quiropráctico	[] Aplicación de la ley	[] Veterano/a	
[] Funcionario electo (ciudad/ condad	do) [] Salud mental		

B. ¿Cuál es el código postal de su casa? (5 dígitos de código postal; por ejemplo: 66605 o 66614 _____

C. ¿Cuál es su raza/identidad étnica?

[] Afroamericano/negro, no-hispano	[] Caucasiano/blanco, no-hispano
[] Hispano, cualquier raza	[] Asiático
[] Indio Americadno/ Nativo Americacno	[] Otro (por favor especifique)

D. ¿Cuál es su género?

[] Masculino [] Femenino

E. ¿Cuál es tu edad?

[] 18 a 24	[] 25 a 34
[] 35 a 44	[] 45 a 54

[] 55 a 64 [] 65 a 74

[] Mayor de 75

F. ¿Cual es su estatus laboral?

- [] Tiempo completo [] Tiempo parcial
- [] Desempleado [] Jubilado [] autónomo [] estudiante

G. ¿Usted tiene seguro médico?

[]Sí [] No

H. ¿Cuál es su nivel más alto de educación?

[] Alguna escuela secudaria/superior[] Graduado/a de escuela secundaria/superior[] Alguna universidad[] Estudiante universiatio

I. ¿Cuáles son los ingresos de su hogar??

- [] menos de \$20,000 [] \$20,000 \$29,000 [] \$30,000 - \$49,999 [] \$50,000 - \$59,000 [] \$60,000 - \$69,000 [] \$70,000 +
- []\$00,000-\$09,000 []\$70,000 |

Gracias por sus comentarios

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





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