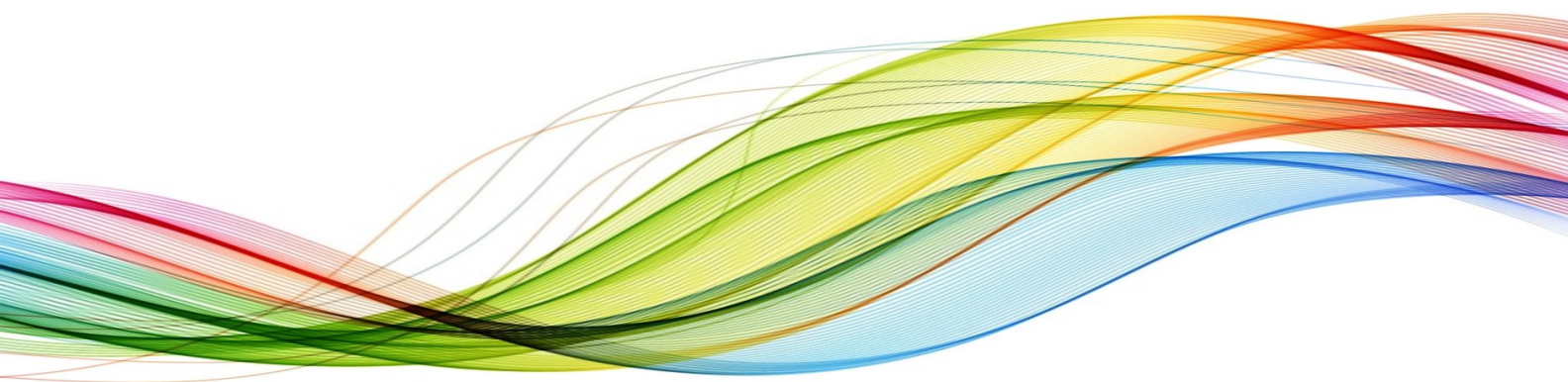
Community Health Needs Assessment

Holton Community Hospital

Jackson County, Kansas



January 2019

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

Jackson 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.

Jackson County, KS previous CHNA was completed in 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 Jackson County KS CHNA assessment began October 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) County Health Area of Future Focus

Jackson County CHNA Town Hall - "Community Health Improvements Needs"

Jackson County KS - CHNA 2018 Wave #3				
Health Priorities Town Hall (36 Attendees, 144 Votes)				
on behalf of Holton Community Hospital and Jackson Co KS Health Dept.				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare)	25	17.4%	17.4%
2	Public Transportation (All including HC)	18	12.5%	29.9%
3	Food Insecurity	18	12.5%	42.4%
4	Awareness of Healthcare Services	16	11.1%	53.5%
5	Poverty / Employment Readiness	13	9.0%	62.5%
6	Language Translators (Guatemalan, others)	11	7.6%	70.1%
7	Substance Abuse (Meth, Marijuana, Opioids)	8	5.6%	75.7%
8	Obesity (Nutrition/ Exercise)	7	4.9%	80.6%
	Total Votes:	144	100.0%	
Other Items receiving votes: OB Services, STD / Sex Ed, Affordable Senior Housing, Visiting Specialist (Peds,Endo,Ortho), Domestic Violence and Prevention Education.				

b) Town Hall CHNA Findings: Areas of Strengths

Jackson County CHNA Town Hall - "Community Health Areas of Strengths"

Jackson Co - Community Health "Strengths"			
#	Topic	#	Topic
1	Access to Healthcare	6	Immunizations
2	Ambulance Services	7	Longevity
3	Community Collaboration- Mojo	8	Pharmacy
4	Emergency Medical Service	9	Quality Physicians
5	Hospice Services	10	Specialty Doctors

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

KS HEALTH RANKINGS: According to the 2018 Robert Woods Johnson County Health Rankings, Jackson County KS was ranked 13th in Health Outcomes, 39th in Health Factors, and 59th in Physical Environmental Quality out of the 105 Counties.

TAB 1 - Demographic Profile: Jackson County's population is 13,318 (based on 2017), with a population per square mile (based on 2010) of 20.5 persons. 6.7% of the population is under the age of 5 and 18.6% is over 65 years old. Fifty percent (50.1%) of Jackson County is Female. Hispanic or Latinos make up 4.4% of the population and there are 2.7% of Jackson County citizens that speak a language other than English at home. In Jackson County, children in single parent households make up 29%. There are 1,319 Veterans living in Jackson County.

TAB 2 - Economic Profile: The per capita income in Jackson County is $26,027, and there is 8.9% of the population in poverty. There are 5,876 total housing units with a severe housing problem of 8%. There are 930 total firms (based on 2012) in Jackson County and an unemployment rate of 3.6%. Food insecurity is at 12%, and limited access to a store (healthy foods) at 5%. 39% of Jackson County residents commute far for work.

TAB 3 - Educational Profile: Children eligible for a free or reduced-price lunch is 43% and 94.7% of students graduate high school while 20.4% of students get their bachelor's degree or higher in Jackson County.

TAB 4 - Maternal and Infant Health Profile: The percent of births where prenatal care started in the first trimester is 71.4%. 10.7% of babies are born prematurely and 86.3% of infants in Jackson County are receiving full immunization for up to 24 months. The percent of births occurring to unmarried women is 38.7% and births where mothers have smoked during the pregnancy is at 17.9%.

TAB 5 - Hospitalization/Provider Profile: There is one primary care Physician per 1,480 people in Jackson County. Eighty-nine percent of patients would rate their hospital 9 or 10 out of 10, however, 86% of patients would recommend their primary hospital. The average ER wait time is 20 minutes.

TAB 6 - Social and Rehab Services Profile: There are 16.5% of people getting treated for depression in Jackson County. The age-adjusted suicide mortality rate in Jackson County is 13.7 (per 100,000).

TAB 7 - Health Risk Profile: There are 34% of adults in Jackson County that are obese (based on 2014), with 30% of the population physically inactive. 17% of adults drink excessively and 15% smoke. Sexually transmitted infections rate per 100,000 is 369.3 in Jackson County. Chronic Kidney Disease is 15.2%, while Hypertension is at 47.7%. Osteoporosis is at 5.3% while Hyperlipidemia is at 35.2% in Jackson County.

TAB 8 - Uninsured Profiles/Community Invest: The adult uninsured rate for Jackson County is 10%. Holton Community Hospital in Jackson County gave $54,000 to charities in 2018.

TAB 9 - Morality Profile: The life expectancy rate in Jackson County is 76.8 for Males and 80.7 for Females. The age-adjusted Cancer Mortality rate is at 154.5 and the Heart Disease Mortality rate is at 175.7. The age-adjusted Chronic Lower Respiratory Morality rate is 43.7. Alcohol impaired driving deaths is high, at 33%. The high causes of death, compared to the rural norm, in Jackson County are Cerebrovascular diseases, heart diseases, other adverse effects, and other Malignant Neoplasms.

TAB 10 - Preventive Health Profile: Forty percent of Jackson County has access to exercise opportunities and as high as 87% monitor diabetes. Only 55% of women in Jackson County get annual mammography screenings (based on 2014).

Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=110) provided the following community insights via an online perception survey:

- Using a Likert scale, 86.4% of Jackson County stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Jackson County stakeholders are satisfied with the following services: Access to Healthcare, Ambulance Services, Community Collaboration, EMS, Hospice Services, Immunizations, Longevity, Pharmacy, Quality Physicians, and Specialty Doctors.
- When considering past CHNA needs Mental Health Access, Obesity, Poverty, Language Barriers, Diabetes, Caner and Heart Disease were identified.

CHNA Wave #3		Ongoing Problem			Pressing
Past CHNAs health needs identified		Jackson Co KS N=110		Trend	Jackson Co KS N=110
Rank	Topic	Votes	%		RANK
1	Mental Health Access	71	20.6%		1
2	Obesity	59	17.2%		2
3	Poverty	54	15.7%		3
4	Language Barrier	52	15.1%		4
5	Diabetes	40	11.6%		6
6	Cancer	36	10.5%		5
7	Heart Disease	32	9.3%		7
	TOTALS	344	100.0%		

II. Methodology

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 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.

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

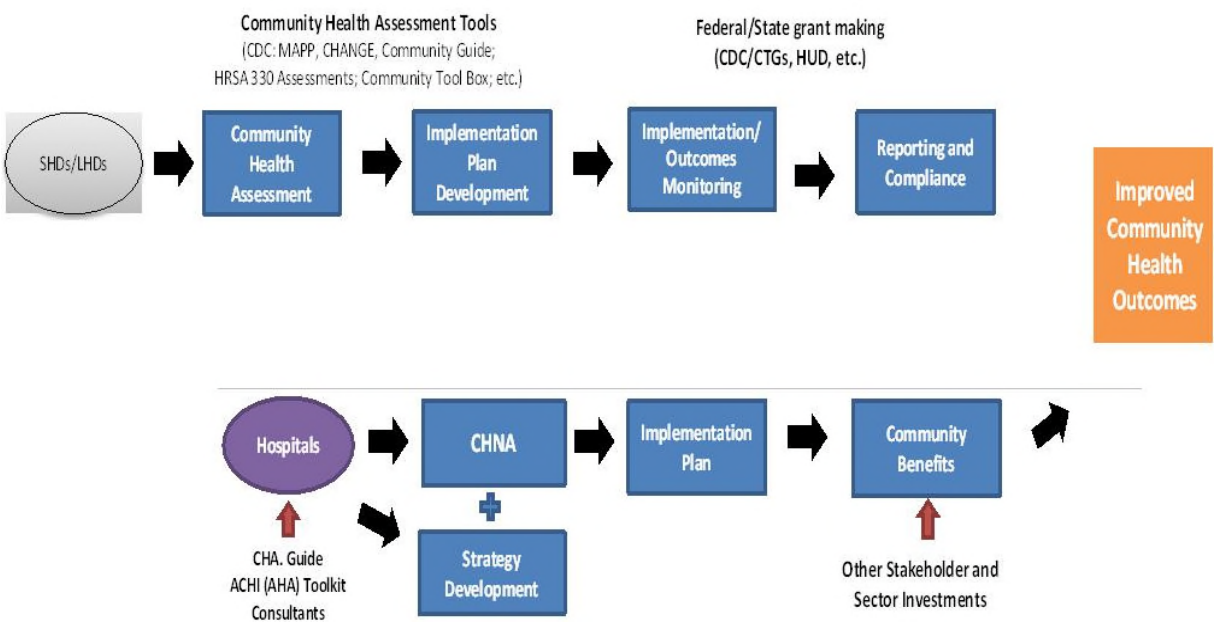
JOB #2: Making a CHNA Widely Available to the Public

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

JOB #3: Adopt an Implementation Strategy by Hospital

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

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



IRS Notice 2011-52 Overview

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

Applicability of CHNA Requirements to "Hospital Organizations"

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

How and When to Conduct a CHNA

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

Determining the Community Served

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

Persons Representing the Community Served

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

Required Documentation

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

Making a CHNA Widely Available to the Public

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

How and When to Adopt an Implementation Strategy

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

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 explaining the requirements. "But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals."

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

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

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

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

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

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

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

RICH DALY, HFMA SENIOR WRITER/EDITOR

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

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

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

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

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

Reasons for Revocation

Hospital 501(r) requirements include:

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

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

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

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

Widespread Vulnerability

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

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

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

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

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

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

Small government-operated hospitals are among the most vulnerable to enforcement, 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 hospitals and health department CHNA partners**:**

Holton Community Hospital

1110 Columbine Drive

Holton, KS 66436

715-364-2116

CEO: Carrie Saia

About Us: Holton Community Hospital is a 501c3 Not-For-Profit Corporation governed by a seven-member Board of Directors. Designated as a Critical Access Hospital, Holton Community Hospital, together with our provider group, Family Practice Associates, offers vital health care services to Holton, Hoyt, Wetmore and surrounding areas.

Mission: To provide professionalism, compassion and excellence in healthcare for a healthier community.

Values:
S – Slow Down, Smile & Greet
E – Explain, who you are and what you do
R – Respond to patient needs and estimate time
V – Validate patient expectations and concerns
E – Express Thanks for the opportunity to serve

HCH Providers:
Family Practice – Holton
Dr. Clint Colberg, M.D.
Jill Collins, APRN
Dr. Joel Hutchins, M.D.
Bill Kinkade, PA
Dr. Erin Locke, M.D.
Josh Moulin, PA 7
DeAnna Goff, APRN
Dr. Malia Warner, M.D.
Kaylie Zimmerman, APRN

Family Practice – Hoyt: Jamie Stuke, APRN

Wetmore Clinic: Ashley Reinecke, APRN

Procedures and outpatient services offered at HCH include:

- Ear, Nose & Throat
  - Tonsils / Adenoids
  - Ear Tubes
  - Endoscopic Sinus Surgery
  - Lesion Removal
  - Limited Plastic Surgery
- Gastroenterology
  - EGD & Colonoscopy
- Urology
  - Cytoscopy
  - Circumcision
  - TURP
  - Vasectomy
- General Surgery
  - Laparoscopic Gallbladder
  - Hernia Repair
  - Breast Biopsy
  - Infusaport Insertion
  - Lesion Removal
  - Caesarean Section
  - Appendectomy
  - Exploratory Laparoscopic
  - Hysterectomy
  - Hemorrhoid
  - Bowel Resection
- Podiatry
  - Bunionectomy
  - Hammer Toe
  - Morton's Neuroma
  - Nail Removal
- Orthopedic
  - Injections
  - Bone Disorders
  - Knee Arthroscopy
  - Carpal Tunnel
  - Ulnar Nerve Transplant
  - Rotator Cuff Repair
  - Diagnostic Shoulder Arthroscopy
- Pain Management
  - Wound Care & Prosthesis Care
- OB/GYN
  - OB Care / All Gynecology Care
  - Tubal Ligation
  - D&C
  - Hysterectomy
- Audiology
  - Newborn Screens
  - Hearing Tests / All Hearing Problems

Jackson County Health Department

Northeast Kansas Multi County Health Department

312 Pennsylvania Ave

Holton, KS 66436

785-364-2670

Nursing Supervisor: Angie Reith

a.reith@nekmuslticounty.org

www.jacksoncountyks.com/healthdepartment

Hours: Monday-Friday 8:00 a.m. to 4:30 p.m. (Closed for lunch 12:00-1:00 p.m.)

Local Health Services for Kansas:

The Local Public Health Program of the Bureau of Community Health Systems provides coordinating activities between the state health agency, local health departments and other public health community partners.

The staff members focus on improving the public health system in Kansas through the following major goals:

- Increasing the capacity of public health agencies to perform essential public health services
- Increasing the capacity of the public health workforce to achieve core competencies for public health.
- Increasing the capacity of the public health workforce to perform community health assessments, quality improvement processes and prepare for national public health accreditation.

These goals are accomplished through provision of technical assistance to local health departments and other public health system partners, along with promotion of comprehensive public health education and training for the public health workforce, in collaboration with academic and other partners.

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:

Tessa Taylor, BBA BA- VVV Consultants LLC
Associate Consultant

II. Methodology

c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in Fall 2018 for Jackson County, KS to meet IRS CHNA requirements.

In August 2018 a meeting was called by Holton Community Hospital (HCH) to review possible CHNA collaborative options, partnering with Jackson 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 OMC (Olathe Health) 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:

HCH Patient # YR Draw Trend by Zip (IP/OP/ER/Clinic)						IP / OP / ER / Clinic		
AREA	Rank	ZIP	CITY	ST	CNTYNAME	TOTALS	Accum	%
PSA	1	66436	HOLTON	KS	JACKSON, KS	38,648	50.9%	50.9%
PSA	2	66509	MAYETTA	KS	JACKSON, KS	7,757	61.1%	10.2%
PSA	3	66440	HOYT	KS	JACKSON, KS	4,376	66.9%	5.8%
PSA	4	66416	CIRCLEVILLE	KS	JACKSON, KS	2,178	69.8%	2.9%
PSA	5	66419	DENISON	KS	JACKSON, KS	2,026	72.4%	2.7%
PSA	6	66552	WHITING	KS	JACKSON, KS	1,659	74.6%	2.2%
PSA	7	66516	NETAWAKA	KS	JACKSON, KS	1,544	76.7%	2.0%
PSA	8	66540	SOLDIER	KS	JACKSON, KS	1,510	78.7%	2.0%
PSA	9	66418	DELIA	KS	JACKSON, KS	381	79.2%	0.5%

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

Jackson County KS - CHNA Wave#3 Project Calendar

Wave #3 Project Timeline & Roles 2018

Step	Date	Lead	Task
1	8/14/2018	VVV	Presented CHNA Wave #3 options to Holton Community Hospital.
2	8/15/2018	Hosp	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	8/28/2018	Both	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	8/28/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	8/28/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). Use ZipPSA_3yrPOrigin.xls Patient Origin file.
6	8/28/2018	VVV	Request hospital client to send KHA Patient Origin reports for CCH to document service area for FFY 14, 15, 16 (KHA key).
7	On or before 9/7/2018	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	On or before 9/7/2018	VVV / Hosp	Prepare and send out PR story to local media announcing upcoming CHNA work / online survey for hospital client to place. Request public to participate.
9	9/14/2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	Sept-Oct 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	On or before 10/15/2018	VVV / Hosp	Prepare / release PR story to local media announcing upcoming Town Hall. VVV will mock up PR release.
12	On or before 10/26/2018	Hosp	Prepare and send out community Town Hall invite letter and place local advertisement.
13	On or before 11/6/2018	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	11/15/2018 (11:30 a.m. - 1:00 p.m.)	VVV	Conduct CHNA Town Hall from 11:30 a.m. to 1:00 p.m. at the Hot Spot in Holton. Review and discuss basic health data and rank health needs.
15	On or before 1/31/2019	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 2/1/2019	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	1/11/2019 (7:30 a.m. - 9:00 a.m.)	All	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	On or before 3/31/2019	Hosp	Hold board (with Steering Committee) meeting to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

Phase III—Quantify Community Need:

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

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

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

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

Phase I: Discovery…… Aug 2018

Phase II: Secondary / Primary Research……... Sept- Oct 2018

Phase III: Town Hall Meeting……. Nov 15, 2018

Phase IV: Prepare / Release CHNA report……... Dec 2018- Jan 2019

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive 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 and report community health published facts. Gather data health practice data from*** **published secondary research sources (i.e. census, county health records, behavioral risk factors surveillance, etc.)**
Step # 4a Primary Research - Town Hall prep	***Collect community opinions. (quantitative research).*** **Gather stakeholders / community opinions regarding community health needs and healthcare practices.**
Step # 4b Primary Research - Conduct Town Hall	***Conduct "Conversation with Community" Town Hall (qualitative research). Review secondary & primary data findings. Facilitate community conversation to build consensus; discuss*** **opinions / identify health needs.**
Steps # 5 Reporting	***Prepare and present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (actions to improve health)*** **. (Note: formal report will follow IRS Notice 2011-52 regs & PHAB requirements.)**
VVV Consultants, LLC Olathe, KS (913) 302-7264	

Overview of Town Hall Community Priority Setting Process

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

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to 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.
Jackson County, Kansas (Holton Community Hospital) town hall meeting was held on Thursday, November 15th, 2018 from 11:30 am-1:00 pm at the Hot Spot (104 W. 5th St in Holton). Vince Vandehaar facilitated this 1 ½ hour session with fifty-five (36) attendees. (Note: a detail roster of Town Hall attendees is listed in Section Va.

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)
4. 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.
5. 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.

Community Health Needs Assessment
Town Hall Meeting
Holton Community Hospital
Primary Service Area

Vince Vandehaar, MBA
VVV Consultants LLC
Principal / Adjunct Professor

Olathe, Kansas 66061
VVV@VandehaarMarketing.com
913-302-7264

1

Community Health Needs Assessment (CHNA) Town Hall Discussion Agenda

I. **Opening / Introductions** (10 mins)
II. **Review CHNA Purpose and Process** (10 mins)
III. **Review Current County "Health Status"**
  -Secondary Data by 10 TAB Categories
  -Review Community Feedback Research (35 mins)
IV. **Collect Community Health Perspectives**
  -Hold Community Voting Activity
  -Determine Most Important Health Areas (30 mins)
V. **Close / Next Steps** (5 mins)

2

I. Introduction:

Background and Experience

Vince Vandehaar, MBA
VVV Consultants LLC - Principal Consultant
Olathe, KS 913 302-7264

- *Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development*
- *Focus: Strategy, Research, Deployment*
- *25+ years of experience with Tillinghast, BCBSKC, Saint Luke's*

Adjunct Full Professor - Marketing & MHA 31+ years

- *Avila University*
- *Webster University*
- *Rockhurst University*

Tessa Taylor, BA - Associate Consultant

- *University of Wisconsin Whitewater*

3

Town Hall Participation (You)

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

4

I. Introductions: A Conversation with the Community

Community members and organizations invited to CHNA Town Hall

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

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

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

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

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II. Review CHNA Definition

- **A Community Health Needs Assessment (CHNA) is a systematic collection, assembly, analysis, and dissemination of information about the health of the community. (*NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.)***
- **A CHNA's role is to identify factors that affect the health of a population and determine the availability of resources to adequately address those factors.**

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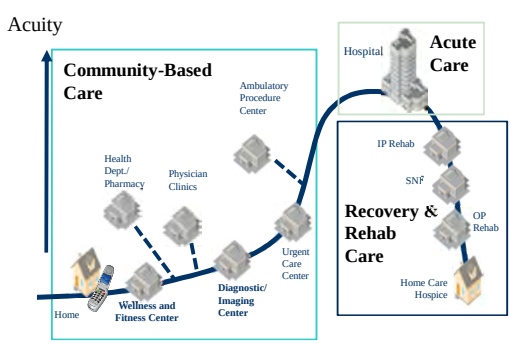
Purpose—Why Conduct a CHNA?

- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

7

Future System of Care—Sg2



IP = inpatient; SNF = skilled nursing facility; OP = outpatient.

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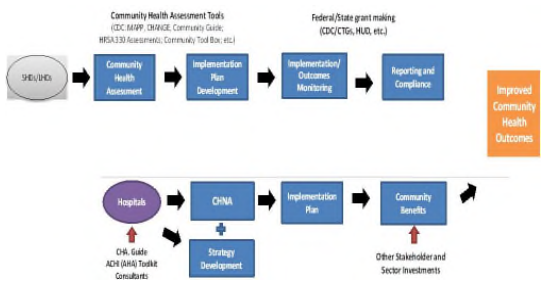
Community Health Needs Assessment
Joint Process: Hospital & Local Health Department



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II. IRS 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 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
- a prioritized description of all of the community needs identified by the CHNA and
- a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA

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III. Review Current County Health Status:
Secondary Data by 10 Tab Categories & IA State Rankings

Trends: Good | Same | Poor

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

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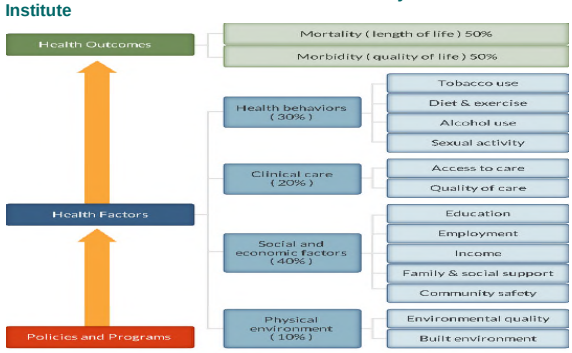
County Health Rankings -
Robert Wood Johnson Foundation and University of WI Health Institute



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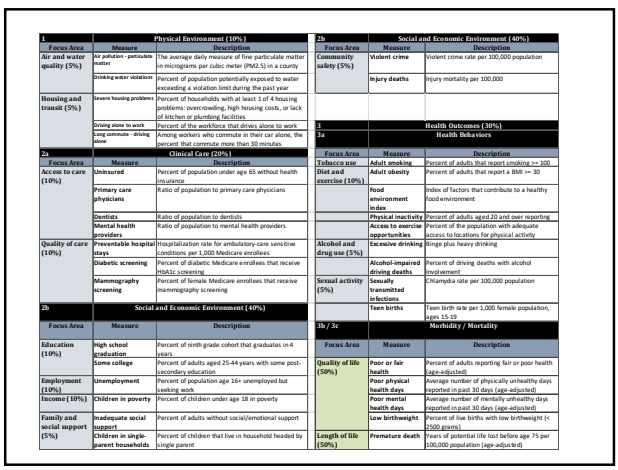

1	Physical Environment (10%)	
Focus Area	Measure	Description
Air and water quality (5%)	Air pollution - particulate matter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county
	Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year
Housing and transit (5%)	Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	Driving alone to work	Percent of the workforce that drives alone to work
	Long commute - driving alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes

2a	Clinical Care (20%)	
Focus Area	Measure	Description
Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance
	Primary care physicians	Ratio of population to primary care physicians
	Dentists	Ratio of population to dentists
	Mental health providers	Ratio of population to mental health providers
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
	Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening
	Mammography screening	Percent of female Medicare enrollees that receive mammography screening

2b	Social and Economic Environment (40%)	
Focus Area	Measure	Description
Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years
	Some college	Percent of adults aged 25-44 years with some post-secondary education
Employment (10%)	Unemployment	Percent of population age 16+ unemployed but seeking work
Income (10%)	Children in poverty	Percent of children under age 18 in poverty
Family and social support (5%)	Inadequate social support	Percent of adults without social/emotional support
	Children in single-parent households	Percent of children that live in household headed by single parent

2b	Social and Economic Environment (40%)	
Focus Area	Measure	Description
Community safety (5%)	Violent crime	Violent crime rate per 100,000 population
	Injury deaths	Injury mortality per 100,000

3	Health Outcomes (30%)	
3a	Health Behaviors	
Focus Area	Measure	Description
Tobacco use	Adult smoking	Percent of adults that report smoking >= 100
Diet and exercise (10%)	Adult obesity	Percent of adults that report a BMI >= 30
	Food environment index	Index of factors that contribute to a healthy food environment
	Physical inactivity	Percent of adults aged 20 and over reporting
	Access to exercise opportunities	Percent of the population with adequate access to locations for physical activity
Alcohol and drug use (5%)	Excessive drinking	Binge plus heavy drinking
	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement
Sexual activity (5%)	Sexually transmitted infections	Chlamydia rate per 100,000 population
	Teen births	Teen birth rate per 1,000 female population, ages 15-19

3b / 3c	Morbidity / Mortality	
Focus Area	Measure	Description
Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health (age-adjusted)
	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)
	Low birthweight	Percent of live births with low birthweight (< 2500 grams)
Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)

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IV. Collect Community Health Perspectives
Ask your opinion. Your thoughts?

1) **Today: What are the *strengths* of our community that contribute to health?**
   (White card)
2) **Today: Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*?**
   (Color card)
3) **Tomorrow: What is occurring or might occur *that would affect the "health of our community?"***

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Have We Forgotten Anything?

A. Aging Services
B. Chronic Pain Management
C. Dental Care/Oral Health
D. Developmental Disabilities
E. Domestic Violence,
F. Early Detection & Screening
G. Environmental Health
Q. Exercise
H. Family Planning
I. Food Safety
J. Health Care Coverage
K. Health Education
L. Home Health
M. Hospice
N. Hospital Services
O. Maternal, Infant & Child Health
P. Nutrition
R. Pharmacy Services
S. Primary Health Care
T. Public Health
U. School Health
V. Social Services
W. Specialty Medical Care Clinics
X. Substance Abuse
Y. Transportation
Z. Other _____

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Community Health Needs Assessment

Questions; Next Steps?

VVV Consultants LLC
VVV@VandehaarMarketing.com
(913) 302-7264

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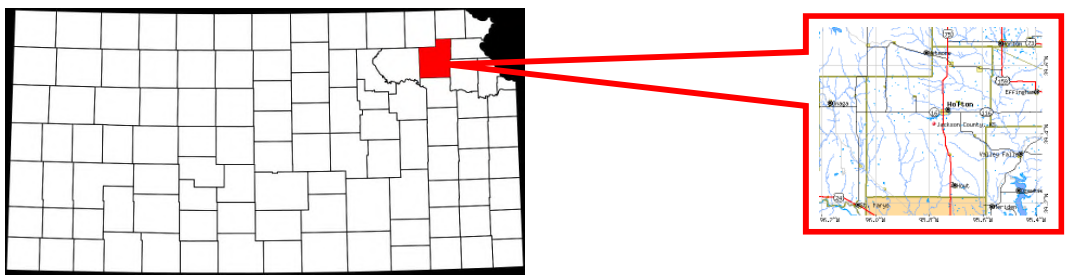
II. Methodology
d) Community Profile (A Description of Community Served)

Jackson County, Kansas Community Profile



The population of Jackson County was estimated to be 13,426 citizens in 2018 and a population density of 21 persons per square mile. Jackson County covers 656.2 square miles and is in Northeast Kansas.

The major highway transportation access to Jackson County is Highway 75 going North or South. The intersection of Highway 75 and 116 is in Holton, Kansas. Take Highway 75 going South from Sabetha and you will go through the Kickapoo Reservation (KS) before reaching the Jackson County border. If you take Highway 75 and go North of Topeka, you will reach Hoyt and Mayetta, Kansas before entering Holton, Kansas.

Jackson County (KS) Pubic Airports[1]

Name	USGS Topo Map
Get Away Runway	Soldier Creek SW
St Joseph's Landing	Saint Marys

[1] https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20085.cfm

Schools in Jackson County (KS): Public Schools[2]

Name	Address	Phone	Level
Central Elem	401 New Jersey Holton, KS 66436	785-364-2051	3-5
Colorado Elem	500 Colorado Holton, KS 66436	785-364-3251	K-2
Holton High	901 New York Holton, KS 66436	785-364-2181	9-12
Holton Middle	900 Iowa Street Holton, KS 66436	785-364-2441	6-8
Jackson Heights Elementary School	12763 266th Road Holton, KS 66436	785-364-2244	PK-6
Jackson Heights High School and Middle School	12719 266th Road Holton, KS 66436	785-364-2195	7-12
Royal Valley Elementary	1st and Highland Hoyt, KS 66440	785-986-6286	PK-4
Royal Valley High	101 E 1st Hoyt, KS 66440	785-986-6251	9-12
Royal Valley Middle School	204 S 4th Mayetta, KS 66509	785-966-2251	5-8

[2] https://kansas.hometownlocator.com/schools/sorted-by-county,n,jackson.cfm

III. Community Health Status

[VVV Consultants LLC]

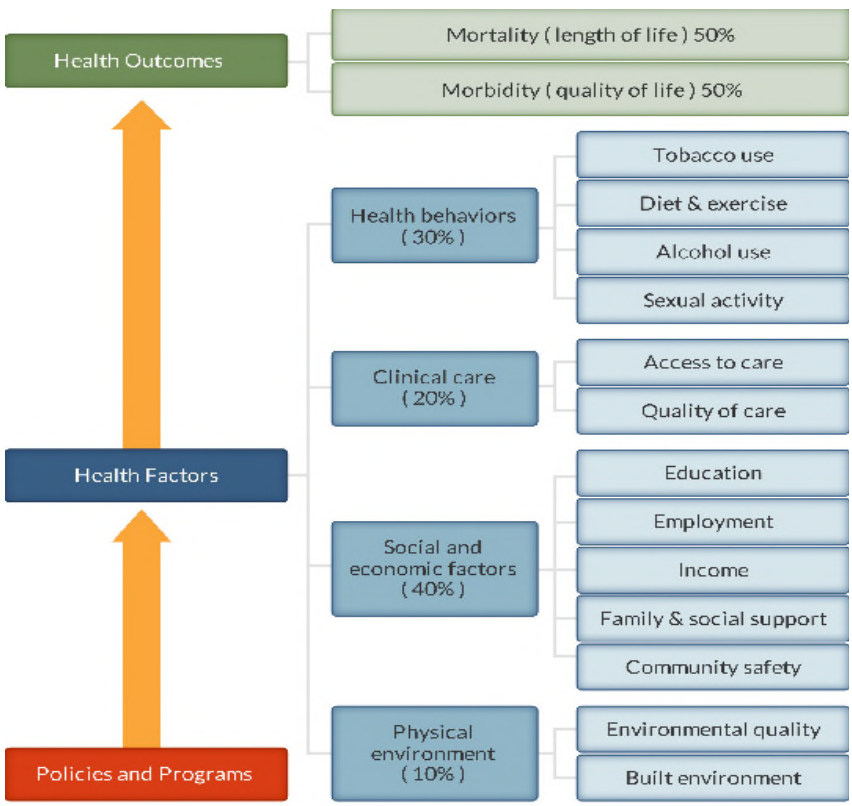
III. Community Health Status

a) Historical Health Statistics- Secondary Research

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 RWJ County Health Rankings and conversations from Town Hall participates. *Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.*

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



County Health Rankings model ©2012 UWPHI

National Research – Year 2018 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Jackson Co KS	TREND	KS Rural 12 Norm
1	Health Outcomes		13		50
2	Mortality	Length of Life	11		50
3	Morbidity	Quality of Life	32		52
4	Health Factors		39		68
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	57		65
6	Clinical Care	Access to care / Quality of Care	47		45
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	20		64
8	Physical Environment	Environmental quality	59		77
East Rural Norm (N=12) includes the following counties: Miami, Linn, Anderson, Allen, Bourbon, Franklin, Coffey, Osage, Jefferson, Atchison, Jackson, Brown.					
http://www.countyhealthrankings.org, released 2018					

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	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
1a	a	Population estimates, July 1, 2017, (V2017)	13,318		2,913,123	16,752	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-1.1%		2.1%	-1.5%	People Quick Facts
	c	Population per square mile, 2010	20.5		34.9	35.5	Geography Quick Facts
	d	Persons under 5 years, percent, July 1, 2017, (V2017)	6.7%		6.7%	6.0%	People Quick Facts
	e	Persons 65 years and over, percent, July 1, 2017, (V2017)	18.6%		15.0%	18.6%	People Quick Facts
	f	Female persons, percent, July 1, 2017, (V2017)	50.1%		50.2%	50.4%	People Quick Facts
	g	White alone, percent, July 1, 2017, (V2017)	86.5%		86.6%	93.1%	People Quick Facts
	h	Black or African American alone, percent, July 1, 2017, (V2017)	0.8%		6.2%	1.7%	People Quick Facts
	i	Hispanic or Latino, percent, July 1, 2017, (V2017)	4.4%		11.6%	3.3%	People Quick Facts
	j	Foreign born persons, percent, 2012-2016	0.8%		6.9%	0.9%	People Quick Facts
	k	Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	2.7%		11.3%	1.8%	People Quick Facts
	l	Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	86.9%		83.5%	87.2%	People Quick Facts
	m	Children in single-parent households, percent, 2012-2016	29.0%		29.0%	26.8%	County Health Rankings
	n	Total Veterans, 2012-2016	1,319		192,340	1,289	People Quick Facts

Tab 2 Economic Profile

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

Tab		Health Indicator	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
2	a	Per capita income in past 12 months (in 2016 dollars), 2012-2016	$26,027		$28,478	$32,631	People Quick Facts
	b	Persons in poverty, percent	8.9%		12.1%	12.4%	People Quick Facts
	c	Total Housing units, July 1, 2017, (V2017)	5,876		1,273,742	7,589	People Quick Facts
	d	Total Persons per household, 2012-2016	2.54		2.53	2.46	People Quick Facts
	e	Severe housing problems, percent, 2010-2014	8.0%		14.0%	11.8%	County Health Rankings
	f	Total of All firms, 2012	930		239,118	1,352	Business Quick Facts
	g	Unemployment, percent, 2016	3.6%		4.2%	5.0%	County Health Rankings
	h	Food insecurity, percent, 2015	12.0%		13.0%	14.0%	County Health Rankings
	i	Limited access to healthy foods, percent, 2015	5.0%		8.0%	7.6%	County Health Rankings
	j	Low income and low access to store, percent, 2015	4.6%		NA	7.4%	U.S. Department of Agriculture - Food
	k	Long commute - driving alone, percent, 2012-2016	39.0%		20.0%	34.3%	County Health Rankings

Tab 3 Educational Profile

#	Jackson Co (KS) School Health Indicators	Holton USD 336	North Jackson USD 335	Royal Valley USD 337
1	Total # Public School Nurses	1.0	.75 (PT)	NA
2	School nurse is part of the IEP team	Yes	Yes when needed	NA
3	School Wellness Plan in place	Yes	Yes	NA
4	VISION: # Screened / Referred to Prof / Seen by Professional	584/10/8	All elementary screened by Lion's Club	NA
5	HEARING: # Screened / Referred to Prof / Seen by Professional	494/0/0	Yes.	NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	412/10/8	NA	NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not Required Screening	NA	NA
8	Students served with no identified chronic health concerns	Yes	I am sure we have some.	NA
9	School has a Suicide Prevention Program	Yes	Yes annual staff training	NA
10	Compliance on required vaccinations	98%	NA	NA

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

Tab		Health Indicator	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
3	a	Children eligible for free or reduced price lunch, percent, 2015-2016	43.0%		49.0%	51.7%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2012-2016	94.7%		90.3%	91.8%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	20.4%		31.6%	20.1%	People Quick Facts

Tab 4 Maternal and Infant Health Profile

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

Criteria - Vital Satistics	Jackson Co KS	Trend	KS	KS Rural Norm
Total Live Births, 2012	176		40,304	153
Total Live Births, 2013	156		38,805	152
Total Live Births, 2014	171		39,193	148
Total Live Births, 2015	172		39,126	158
Total Live Births, 2016	169		38,048	152
Total Live Births, 2012- 2016 - Five year Rate (%)	12.6%		13.5%	12.4%

Tab 4 Maternal and Infant Health Profile (Continued)

Tab		Health Indicator	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2014-2016	71.4%		80.4%	78.7%	Kansas Health Matters
	b	Percentage of Premature Births, 2014-2016	10.7%		8.9%	8.4%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2015-2016	86.3%		70.6%	73.6%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2014-2016	7.0%		7.0%	6.1%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2016	15.3%		15.0%	15.5%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2014-2016	7.0%		6.3%	7.9%	Kansas Health Matters
	g	Percent of Births Occurring to Unmarried Women, 2014-2016	38.7%		36.2%	38.9%	Kansas Health Matters
	h	Percent of births Where Mother Smoked During Pregnancy, 2014-2016	17.9%		11.1%	19.7%	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	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
5	a	Primary care physicians (Pop Coverage per) , 2015	1,480:1		1,320:1	3,661:1	County Health Rankings
	b	Preventable hospital stays, 2015 (lower the better)	73		51	67	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	89.0%		79.0%	78.3%	CMS Hospital Compare, 10/1/2015-9/30/2016
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	86.0%		78.0%	73.3%	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)	20.0		24.0	17.5	CMS Hospital Compare, 10/1/2015-9/30/2016

Tab 5 Hospitalization/Provider Profile (Continued)

#	Inpatient - KHA PO103	Jackson County			
		FFY15	FFY16	FFY17	Trend
1	Total Discharges	1,612	1,463	1,696	
2	Pediatric Age 0-17	74	61	42	
3	Adult Medical/Surgical Age 18-44	123	96	108	
4	Adult Medical/Surgical Age 45-64	351	298	372	
5	Adult Medical/Surgical Age 65-74	293	237	317	
6	Adult Medical/Surgical Age 75+	421	371	463	
7	Psychiatric	78	73	73	
8	Obstetric	143	155	156	
#	Inpatient - KHA PO103	HCH only			
		FFY15	FFY16	FFY17	Trend
1	Total Discharges	206	218	257	
2	Pediatric Age 0-17	2	3	0	
3	Adult Medical/Surgical Age 18-44	5	5	6	
4	Adult Medical/Surgical Age 45-64	12	28	24	
5	Adult Medical/Surgical Age 65-74	39	32	54	
6	Adult Medical/Surgical Age 75+	89	117	135	
7	Psychiatric	3	1	0	
8	Obstetric	28	6	7	

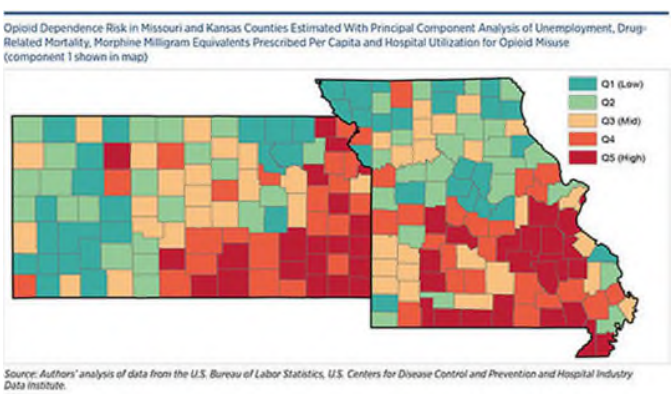
#	Outpatient TOT223E	Jackson County			
		FFY15	FFY16	FFY17	Trend
1	Emergency Dept	3,693	3,842	3,995	
2	Surgery	1,538	1,528	1,639	
3	Total OP Visits	22,747	18,895	19,974	
#	Outpatient TOT223E	HCH only			
		FFY15	FFY16	FFY17	Trend
1	Emergency Dept	2,046	2,121	2,272	
2	Surgery	363	350	396	
3	Total OP Visits	11,260	9,353	9,991	

Tab 6 Social & Rehab Services Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Health Indicator	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
6	a	Depression: Medicare Population, percent, 2015	16.5%		17.8%	16.1%	Centers for Medicare and Medicaid Services
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	13.7		15.9	20.7	Kansas Health Matters
	c	Poor mental health days, 2016	3.2		3.3	3.4	County Health Rankings

Tab 6 Social & Rehab Services Profile (Continued)



Tab 7a Health Risk Profiles

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

Tab		Health Indicator	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
7a	a	Adult obesity, percent, 2014	34.0%		32.0%	34.8%	County Health Rankings
	b	Adult smoking, percent, 2016	15.0%		17.0%	17.1%	County Health Rankings
	c	Excessive drinking, percent, 2016	17.0%		17.0%	16.0%	County Health Rankings
	d	Physical inactivity, percent, 2014	30.0%		25.0%	29.8%	County Health Rankings
	e	Poor physical health days, 2016	3.1		3.1	3.3	County Health Rankings
	f	Sexually transmitted infections, rate per 100000, 2015	369.3		394.8	223.0	County Health Rankings

Tab 7b Health Risk Profiles (Continued)

Tab		Health Indicator	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
7b	a	Hypertension: Medicare Population, 2015	47.7%		53.2%	51.7%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2015	35.2%		40.0%	38.5%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2015	12.2%		13.0%	12.8%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2015	15.2%		16.2%	14.6%	Kansas Health Matters
	e	COPD: Medicare Population, 2015	11.7%		11.4%	12.1%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2015	8.1%		8.3%	8.4%	Kansas Health Matters
	g	Cancer: Medicare Population, 2015	7.8%		7.7%	7.3%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2015	5.3%		5.7%	4.4%	Kansas Health Matters
	i	Asthma: Medicare Population, 2015	7.6%		7.3%	7.5%	Kansas Health Matters
	j	Stroke: Medicare Population, 2015	2.6%		3.4%	3.4%	Kansas Health Matters

Tab 8a 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	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
8	a	Uninsured, percent, 2015	10.0%		10.0%	9.5%	County Health Rankings

Tab 8b Uninsured Profiles/Community Invest (Continued)

FISCAL YEAR ENDING JUNE 30TH:				
	Holton Community Hospital	**YR 2016**	**YR 2017**	**YR 2018**
1	**Charity Care**	**$16,000**	**$22,000**	**$54,000**
2	**Bad Debt Writeoffs/Admin Adjs. before bad debt recoveries**	**$891,683**	**$1,030,889**	**$1,258,484**
3	**Bad debt recoveries**	**($214,749)**	**($225,175)**	**($297,654)**

Tab 9 Mortality Profile

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

Tab		Health Indicator	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
9	a	Life Expectancy for Males, 2014	76.8		76.5	75.6	Kansas Health Matters
	b	Life Expectancy for Females, 2014	80.7		81.0	80.4	Kansas Health Matters
	c	Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	154.5		162.6	170.4	Kansas Health Matters
	d	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	175.7		157.4	184.2	Kansas Health Matters
	e	Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	43.6		48.9	57.3	Kansas Health Matters
	f	Alcohol-impaired driving deaths, percent, 2012-2016	33.0%		25.0%	19.1%	County Health Rankings

Tab 9 Mortality Profile (Continued)

Causes of Death by County of Residence, Vital Statistics KS 2012	Jackson Co KS	Trend	KS	KS Rural Norm
TOTAL	129		26,129	126
All Malignant Neoplasms	19	-4.0%	4,901	22
All Other Causes	19	-0.4%	3,962	18
Major Cardiovascular Diseases	13	0.7%	2,449	13
Cerebrovascular Diseases	11	3.3%	1,355	8
Other Heart Diseases	8	1.3%	1,280	6
Chronic Lower Respiratory Diseases	8	-0.1%	1,653	9
All Other Accidents and Adverse Effects	8	2.4%	1005	4
Ischemic Heart Disease	7	-1.8%	1,890	9
Malignant Neoplasms of Digestive Organs	5	-1.2%	1,335	7
Other Malignant Neoplasms	5	1.3%	674	3

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	Jackson Co KS	Trend	State of KS	KS Rural 12 Norm	Source
10	a	Access to exercise opportunities, percent, 2016	40.0%		81.0%	59.2%	County Health Rankings
	b	Diabetes monitoring, percent, 2014	87.0%		86.0%	85.8%	County Health Rankings
	c	Mammography screening, percent, 2014	55.0%		63.0%	58.2%	County Health Rankings
	d	Percent Annual Check-Up Visit with PCP	TDB		TBD	TBD	TBD
	e	Percent Annual Check-Up Visit with Dentist	TDB		TBD	TBD	TBD
	f	Percent Annual Check-Up Visit with Eye Doctor	TDB		TBD	TBD	TBD

b) Online Research- Health Status

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 Jackson County online survey equals 110 residents. Below are two charts review survey demographics.

Chart #1 – Jackson Co KS PSA Online Feedback Response N=110

Community Health Needs Assessment Wave #3			
For reporting purposes, are you involved in or are you a .... ?	Jackson Co N=110	Trend	Wave#3 Norms N=3369
Business / Merchant	8.0%		9.4%
Community Board Member	8.7%		7.9%
Case Manager / Discharge Planne	1.4%		1.1%
Clergy	1.4%		1.2%
College / University	2.2%		1.9%
Consumer Advocate	1.4%		1.7%
Dentist / Eye Doctor / Chiropracto	0.7%		0.2%
Elected Official - City/County	0.7%		2.0%
EMS / Emergency	0.7%		2.1%
Farmer / Rancher	7.2%		5.9%
Hospital / Health Dept	21.0%		18.4%
Housing / Builder	0.7%		0.7%
Insurance	0.7%		0.9%
Labor	2.2%		2.2%
Law Enforcement	0.0%		1.0%
Mental Health	0.7%		1.7%
Other Health Professional	13.8%		10.0%
Parent / Caregiver	15.9%		14.9%
Pharmacy / Clinic	2.2%		2.1%
Media (Paper/TV/Radio)	0.7%		0.6%
Senior Care	2.9%		2.3%
Teacher / School Admin	5.1%		5.7%
Veteran	0.7%		2.4%
Other (please specify)	0.7%		6.7%
KS Norms Include the following 17 Counties: Barton, Cowley, Edwards, Harper, Hays, Jackson, Johnson, Kiowa, Linn, Miami, Nemaha, Osborne, Pawnee, Russell, Sheridan, Smith, and Trego.			

Chart #2 - Quality of Healthcare Delivery Community Rating

Community Health Needs Assessment Wave #3			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Jackson Co N=110	Trend	Wave#3 Norms N=3369
Top Box %	30.0%		26.1%
Top 2 Boxes %	86.4%		69.3%
Very Poor	0.0%		1.2%
Poor	0.9%		5.1%
Average	12.7%		24.2%
Good	56.4%		43.2%
Very Good	30.0%		26.1%

Chart #3 – Overall Community Health Quality Trend

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Jackson Co N=110	Trend	Wave#3 Norms N=3369
Increasing - moving up	55.8%		46.7%
Not really changing much	38.5%		42.9%
Decreasing - slipping	5.8%		10.3%

Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs

CHNA Wave #3		Ongoing Problem			Pressing
Past CHNAs health needs identified		Jackson Co KS N=110		Trend	Jackson Co KS N=110
Rank	Topic	Votes	%		RANK
1	Mental Health Access	71	20.6%		1
2	Obesity	59	17.2%		2
3	Poverty	54	15.7%		3
4	Language Barrier	52	15.1%		4
5	Diabetes	40	11.6%		6
6	Cancer	36	10.5%		5
7	Heart Disease	32	9.3%		7
	TOTALS	344	100.0%		

Chart #5 - Community Health Needs Assessment "Causes of Poor Health"

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Jackson Co N=110	Trend	Wave#3 Norms N=3369
Finance, Insurance Coverage	41.3%		NA
Limited access to mental health assistance	29.3%		45.0%
Lack of awareness of existing local programs, providers, and services	23.4%		55.4%
Chronic disease prevention	14.4%		28.2%
Lack of health & wellness education	14.4%		34.1%
Case management assistance	8.4%		19.0%
Elder assistance programs	7.2%		30.2%
Family assistance programs	5.4%		22.9%
Other (please specify)	2.4%		17.7%

Chart #6 – Community Rating of HC Delivery Services (Perceptions)

CHNA Wave #3	Jackson Co N=110			Wave#3 Norms N=3369	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	92.9%	0.0%		81.4%	5.3%
Child Care	61.2%	3.5%		50.3%	11.0%
Chiropractors	84.3%	1.2%		73.2%	6.3%
Dentists	90.5%	0.0%		63.9%	14.4%
Emergency Room	77.6%	3.5%		70.7%	9.6%
Eye Doctor/Optometrist	84.7%	1.2%		77.1%	4.9%
Family Planning Services	42.5%	16.3%		42.6%	15.2%
Home Health	85.9%	2.4%		55.2%	12.8%
Hospice	89.4%	2.4%		67.5%	8.2%
Inpatient Services	88.1%	1.2%		75.8%	13.5%
Mental Health	17.1%	41.5%		36.5%	29.1%
Nursing Home	40.2%	18.3%		39.9%	21.9%
Outpatient Services	88.0%	2.4%		70.2%	6.3%
Pharmacy	94.0%	0.0%		86.2%	3.2%
Physician Clinics	89.3%	0.0%		81.4%	4.5%
Public Health	74.4%	1.2%		66.4%	6.0%
School Nurse	78.2%	1.3%		58.7%	10.0%
Specialists	85.5%	2.4%		54.4%	14.0%

Chart #7 – Community Health Readiness

Community Health Needs Assessment Wave #3	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Jackson Co N=110	Trend	Wave#3 Norms N=3369
Violence Prevention	34.2%		27.2%
Substance Use Treatment & Education	30.8%		31.6%
Obesity Prevention & Treatment	25.6%		23.3%
Tobacco Prevention & Cessation Programs	24.4%		25.5%
Secure Grants / Finances to Support Local Health	19.5%		17.3%
Sexually Transmitted Disease Testing	10.4%		11.2%
Food and Nutrition Services/Education	9.8%		16.1%
Caregiver Training Programs	7.7%		19.7%
Prenatal / Child Health Programs	7.6%		20.4%
Health Screenings (asthma, hearing, vision, scoliosis)	6.3%		15.2%
Spiritual Health Support	5.1%		13.9%
Emergency Preparedness	2.5%		10.4%
WIC Nutrition Program	1.3%		13.7%
Early Childhood Development Programs	1.2%		15.0%
Immunization Programs	1.2%		9.5%

Chart #8 – Healthcare Delivery "Outside our Community"

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Jackson Co N=110	Trend	Wave#3 Norms N=3369
Yes	89.0%		77.9%
No	4.9%		16.7%
I don't know	6.1%		5.4%

Chart #8 – Healthcare Delivery "Outside our Community" (Continued)

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Jackson Co N=110	Trend	Wave#3 Norms N=3369
Yes	64.6%		46.9%
No	8.5%		11.2%
I don't know	26.8%		41.1%

Specialties:

ID	CTS
SPEC	9
OBG	7
BH	5
DERM	5
ORTH	5
EMER	4
WOM	4

Chart #9 – What Healthcare topics need to be discussed in future Town Hall Meeting

Community Health Needs Assessment Wave #3			
What needs to be discussed further at our CHNA Town Hall meeting?	Jackson Co N=110	Trend	Wave#3 Norms N=3369
Abuse/Violence	8.1%		6.5%
Alcohol	4.0%		6.3%
Breast Feeding Friendly Workplace	1.5%		1.9%
Cancer	3.2%		5.4%
Diabetes	3.0%		5.4%
Drugs/Substance Abuse	8.6%		10.5%
Family Planning	2.5%		2.9%
Heart Disease	1.5%		3.9%
Lead Exposure	0.7%		1.0%
Mental Illness	14.3%		12.1%
Nutrition	4.4%		5.2%
Obesity	7.2%		9.4%
Ozone	1.0%		0.4%
Physical Exercise	5.7%		6.7%
Poverty	7.4%		7.9%
Respiratory Disease	0.0%		2.4%
Sexually Transmitted Diseases	2.2%		2.7%
Smoke-Free Workplace	1.2%		1.7%
Suicide	7.4%		9.5%
Teen Pregnancy	2.0%		3.7%
Tobacco Use	2.2%		3.9%
Vaccinations	1.5%		3.1%
Water Quality	2.2%		3.7%
Wellness Education	5.4%		7.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2018 - Jackson County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes	No	
Hosp	Alzheimer Center	No	No	Yes
Hosp	Ambulatory Surgery Centers	No	No	
Hosp	Arthritis Treatment Center	No	No	
Hosp	Bariatric/weight control services	Yes	No	
Hosp	Birthing/LDR/LDRP Room	No	No	
Hosp	Breast Cancer	No	No	
Hosp	Burn Care	No	No	
Hosp	Cardiopulmonary Rehabilitation	Yes	No	
Hosp	Cardiac Surgery	No	No	
Hosp	Cardiology services	Yes	No	
Hosp	Case Management (Horizons MHC, Arrowhead West, ILCs, AAA)	No	No	Yes
Hosp	Chaplaincy/pastoral care services (Hospice agencies)	Yes	No	Yes
Hosp	Chemotherapy	No	No	
Hosp	Colonoscopy	Yes	No	
Hosp	Crisis Prevention (Horizons MHC & Sexual Assault/DV)	No	No	Yes
Hosp	CTScanner	Yes	No	
Hosp	Diagnostic Radioisotope Facility	No	No	
Hosp	Diagnostic/Invasive Catheterization	No	No	
Hosp	Electron Beam Computed Tomography (EBCT)	No	No	
Hosp	Enrollment Assistance Services	Yes	Yes	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	No	No	
Hosp	Fertility Clinic	No	No	
Hosp	FullField Digital Mammography (FFDM)	Yes	No	
Hosp	Genetic Testing/Counseling	No	No	
Hosp	Geriatric Services	Yes	No	
Hosp	Heart	Yes	No	
Hosp	Hemodialysis	No	No	
Hosp	HIV/AIDSServices (Testing & Counseling)	No	Yes	
Hosp	Image-Guided Radiation Therapy (IGRT)	No	No	
Hosp	Inpatient Acute Care - Hospital services	Yes	No	
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	No	No	
Hosp	Intensive Care Unit	No	No	
Hosp	Intermediate Care Unit	No	No	
Hosp	Interventional Cardiac Catherterization	No	No	
Hosp	Isolation room	Yes	No	
Hosp	Kidney	No	No	
Hosp	Liver	No	No	
Hosp	Lung	No	No	
Hosp	MagneticResonance Imaging (MRI)	Yes	No	
Hosp	Mammograms	Yes	No	
Hosp	Mobile Health Services	No	No	
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes	No	
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	No	No	
Hosp	Neonatal	No	No	
Hosp	Neurological services	No	No	
Hosp	Obstetrics	No	No	
Hosp	Occupational Health Services (Occupational Therapy/HHA)	Yes	No	
Hosp	Oncology Services	No	No	
Hosp	Orthopedic services	Yes	No	
Hosp	Outpatient Surgery	Yes	No	
Hosp	Pain Management (HHA & Hospice agencies)	Yes	Yes	Yes
Hosp	Palliative Care Program (Hospice agencies)	Yes	No	Yes
Hosp	Pediatric (Immunizations)	Yes	Yes	
Hosp	Physical Rehabilitation (Physical & Speech Therapy/HHA)	Yes	No	
Hosp	Positron Emission Tomography (PET)	No	No	
Hosp	Positron Emission Tomography/CT (PET/CT)	No	No	
Hosp	Psychiatric Services (Horizons MHC)	No	No	Yes
Hosp	Radiology, Diagnostic	Yes	No	
Hosp	Radiology, Therapeutic	Yes	No	
Hosp	Reproductive Health (Family Planning Program)	No	Yes	
Hosp	Robotic Surgery	No	No	
Hosp	Senior Behavioral Health Services	Yes	No	
Hosp	Shaped Beam Radiation System 161	No	No	
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	

Inventory of Health Services 2018 - Jackson County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Sleep Center	No	No	
Hosp	Social Work Services (Horizons MHC)	Yes	No	Yes
Hosp	Sports Medicine	No	No	
Hosp	Stereotactic Radiosurgery	No	No	
Hosp	Swing Bed Services	Yes	No	
Hosp	Transplant Services	No	No	
Hosp	Trauma Center- Level IV	Yes	No	
Hosp	Ultrasound	Yes	No	
Hosp	Women's Health Services (Limited testing & support programs)	Yes	Yes	
Hosp	Wound Care (Home Health Services)	Yes	Yes	
SR	Adult Day Care Program	No		Yes
SR	Assisted Living	Yes		Yes
SR	Home Health Services	Yes	Yes	
SR	Hospice	Yes		Yes
SR	LongTerm Care	No	Yes	Yes
SR	Nursing Home Services	No		Yes
SR	Retirement Housing	No		Yes
SR	Skilled Nursing Care (Swing)	Yes	No	
ER	Emergency Services	Yes		
ER	Walk-in Clinic	Yes		
ER	Ambulance Services	No		Yes
SERV	Alcoholism-Drug Abuse (AA, Mirror Inc., Horizons MHC)	No		Yes
	Basis Health Assessments/Education	Yes	Yes	
SERV	Blood Donor Center (Red Cross outreach)	No		Yes
	Breastfeeding Support/Counseling	No	Yes	
SERV	Chiropractic Services	No		Yes
SERV	Complementary Medicine Services (Pharmacies, Vision, Horizons MHC)	Yes		Yes
	Comprehensive Infant, Child, Adolescent, & Adult Immunization Services	Yes	Yes	
SERV	Dental Services	No		Yes
	Disease Investigation Services	No	Yes	
SERV	Fitness Center	No		Yes
SERV	Health Education Classes	Yes		Yes
SERV	Health Fair (Annual)	Yes		Yes
SERV	Health Information Center	No		
SERV	Health Screenings	Yes	Yes	Yes
	Hearing/Vision Screenings	Yes	Yes	
	Lead Testing	No	Yes	
SERV	Meals on Wheels	No		Yes
SERV	Nutrition Programs	Yes	Yes	Yes
SERV	Patient Education Center	No		
	Pregnancy Testing/Counseling	No	Yes	
	Public Health Emergency Preparedness	No	Yes	
SERV	Support Groups (Alzheimers, grief, SADD)	Yes		Yes
	STI Testing/Counseling	No	Yes	
SERV	Teen Outreach Services (Church youth groups, SADD)	No		Yes
SERV	Tobacco Treatment/Cessation Program (Quitline)	No		Yes
SERV	Transportation to Health Facilities	No		Yes
	Women, Infant, & Children Nutrition Services Program (WIC)	No	Yes	
SERV	Wellness Program (Limited employer/Wellness Centers)	Yes		Yes

Provider Manpower - Jackson County KS

# of FTE Providers working in county	Supply working in County		
	MD's DO's County Based	FTE Visting DRs *	Local PA's / NP's
Primary Care:			
Family Practice	9.00	0.00	12.50
Internal Medicine	0.00	0.00	0.00
Obstetrics/Gynecology	0.00	0.06	0.00
Pediatrics	0.00	0.00	0.00
Medicine Specialists:			
Allergy/Immunology	0.00	0.00	
Cardiology	0.00	0.17	
Dermatology	0.00	0.03	
Endocrinology	0.00	0.00	
Gastroenterology	0.00	0.13	
Oncology/RADO	0.00	0.00	
Infectious Diseases	0.00	0.00	
Nephrology	0.00	0.00	
Neurology	0.00	0.00	
Psychiatry	0.00	0.00	
Pulmonary	0.00	0.02	
Rheumatology	0.00	0.13	
Surgery Specialists:			
General Surgery	0.00	0.13	
Neurosurgery	0.00	0.00	
Ophthalmology	0.00	0.00	
Orthopedics	0.00	0.03	
Otolaryngology (ENT)	0.00	0.02	
Plastic/Reconstructive	0.00	0.00	
Thoracic/Cardiovascular/Vasc	0.00	0.00	
Urology	0.00	0.17	
Hospital Based:			
Anesthesia/Pain	0.00	0.00	
Emergency	0.00	0.00	0.00
Radiology	0.00	0.05	
Pathology	0.00	0.00	
Hospitalist *	0.00	0.00	
Neonatal/Perinatal	0.00	0.00	
Physical Medicine/Rehab	0.00	0.03	
VA clinic		0.00	
Podiatry		0.07	
Others HC Providers			
Eye Care (OD)	2.00	0.00	
Dentists	3.00	0.00	
TOTALS	14.00	1.04	12.50

Visiting Specialists Providing Care to Jackson County KS						
Specialty	***Provider / Degree***	***Group Name***	***From (City / ST)***	***SCHEDULE***	***Days per YR***	***FTE***
OB/Gynecology	Brian Cobb, M.D.	University of Kansas,St. Francis Campus	Topeka, KS	1/2 day per month	6	0.02
OB/Gynecology	Todd Trobough, M.D.	Lincoln Center	Topeka, KS	2 hrs per month	2	0.01
Gynecology	Cathy Dahl, D.O.	Pelvi Health Specialists	Topeka, Lawrence, KS	once/month	12	0.03
Cardiology	Patrick Birkbeck, M.D.	Stormont Vail Health	Topeka, KS	1 day/month	12	0.03
Cardiology	John Joliff, M.D.	University of Kansas,St. Francis Campus	Topeka, KS	2 days/month	24	0.07
Cardiology	Swapna Mamidapally, M.D.	University of Kansas,St. Francis Campus	Topeka, KS	2 days/month	24	0.07
Dermatology	Alex Heeren, APRN	Kansas Medical Clinic	Topeka, KS	1 day/month	12	0.03
Gastroenterology	Jeffrey Schlachter, M.D.	Contracted w/ - Premire Specialty Netowrk	Kansas City	4 days/month	48	0.13
Pulmonology	Shawn McGee, M.D.	Stormont Vail Health	Topeka, KS	1/2 day/month	6	0.02
Rhumatology	Kevin Latinis, M.D.	Contracted w/ - Premire Specialty Netowrk	Kansas City	4 days/month	48	0.13
ENT	Jason Meyers, M.D.	Topeka Ear, Nose & Throat	Topeka, KS	1/2 day/month	6	0.02
General Surgery	Roderick Warren, M.D.	Surgical Associates of NE KS & SE NE	Hiawatha, KS	4 days/month	48	0.13
Orthopedist	Kenneth E. Teter M.D.	Tallgrass Orthopedics & Sports Medicine	Topeka, KS	1/2 day per month	6	0.02
Orthopedist	Neal Lintecum, M.D.	OrthoKansas	Lawrence, KS	1/2 day per month	6	0.02
Urology	Rupp	Stormont Vail Health	Topeka, KS	once/month	12	0.03
Urology	Kristopher Carlson, M.D.	Contracted w/ - Premire Specialty Netowrk	Topeka, KS	4 days/month	48	0.13
Pain Management/ Rehab	Joseph Sankoorikal, MD	Midwest Rehabilitation	Topeka, KS	1/2 day 2 X month	12	0.03
Podiatry	Kenneth L Hobbs DPM	Topeka Podiatrists	Topeks, KS	1/2 days 4 X month	24	0.07

Jackson County (KS) Resource Directory
Developed by Jackson County Citizens that Care Coalition

Emergency Numbers

Police/Sheriff	**911**
Fire	**911**
Ambulance	**911**

Non-Emergency Numbers

Jackson County Sheriff	**785-364-2251**
Jackson County Ambulance	**785-364-1911**

Municipal Non-Emergency Numbers

	Police/Sheriff	**Fire**
Circleville	**785-364-2251**	**785-364-3123**
Delia	**785-364-2251**	**785-771-3155**
Denison	**785-364-2251**	**785-364-3123**
Holton	**785-364-2251**	**785-364-3123**
Hoyt	**785-364-2251**	**785-986-6437**
Mayetta	**785-364-2251**	**785-966-2442**
Netawaka	**785-364-2251**	**785-364-3123**
Soldier	**785-364-2251**	**785-834-2666**
Whiting	**785-364-2251**	**785-873-3280**

Jackson County Health Department
312 Pennsylvania PO Box 444
Holton Kansas 66436
Administrator: Angie Reith, RN, BSN
Phone: 785 364-2670
Fax: 785 364-3001
E-mail: nekjacksonco@embarqmail.com

Holton Family Health Clinic
1603 W. 4th St.
Holton, KS 66436
Phone: 785-364-3205
Fax: 785-364-3468

Muddy Creek Family Clinic
200 Whiteway
Netawaka, KS 66516
Phone: 785-933-2000
Fax: 785-933-2200

Holton Community Hospital / Family Practice Associate
1110 Columbine Drive, Holton KS 66436
785-364-2116 or 785-364-2126
www.holtonhospital.com

Family Practice Associates of Hoyt
207 Highland, Hoyt KS 66440
785-986-6630

Family Practice Associates of Wetmore
323 2nd Street, Wetmore KS 66550
785-866-4775

Prairie Band Potawatomi Medical Services
11400 158th, Mayetta, KS 66509
Appointment Line: 785.966.8211
Main Phone: 785.966.8200 Toll free: 1.866.694.6728
Fax: 785.966.8392

ADOPTION / FOSTER CARE

KS Children Service League
3545 SW 5th St., Topeka, KS 66606
785-274-3100

TFI (The Farm Inc.)
5640 SW 29th, Topeka, KS 66614
785-271-6657

KVC Behavioral Healthcare
3360 SW Harrison, Topeka, KS 66611
Counseling Service Family Services

The Villages (group home)
785-267-5900 2219
SW 29th, Topeka, KS 66611

ADULT EDUCATION / GED / LITERACY

Fresh Start Learning Center
610 E. 5th, Holton, KS 66436
785-364-5664
Provides adults with tutorial, remedial help in obtaining high school diploma

PBP Education
16281 Q Rd., Mayetta, KS 66509
785-966-2960
Adult education, computer training, educational support, GED program

ALCOHOL/DRUG ABUSE

KS Referral Service
866-645-8216 24 hours/7 days

DCCCA-Regional Prevention Center
785-841-4138
3312 Clinton Parkway, Lawrence, KS 66047

Sims Kemper
1701 SW Medford, Topeka, KS 66604
785-233-0666

PBP Alcohol & Drug Services
15434 K Road, Mayetta, KS 66509
785-966-2411

Valley Hope
1816 N. 2nd, Atchison, KS
785-367-1618

Alcoholics Anonymous and Narcotics Anonymous
(AA and NA) Meetings (subject to change)
First Christian Church 785-364-2545
310 Wisconsin Ave., Holton, KS 66436
Thursday-7pm AA meetings
St. Francis Xavier Catholic Church 785-966-2401
Mayetta, KS
Sunday- 8pm AA meetings
Evangel United Methodist Church 785-364-3834
227 Penn., Holton, KS 66436
Saturday- AA meetings
MADD KS-Mothers Against Drunk Driving
800-443-6233
Victim Services

S.A.R.P.-Substance Abuse Recovery Program
785-234-3448
330 Oakley, Topeka, KS
Intake, evaluation, and detoxification, halfway house and outpatient treatment
VA Medical Center 785-273-3032
Nancy Harmon
Topeka, KS
Alcohol and drug treatment program for veterans
Valeo 785-234-3300
330 SW Oakley Topeka, KS 66606

CHILD / ADULT ABUSE

Child/Adult Abuse Hotline
800-922-5330 Potawatomi
Social Services 785-966-2932
16322 Q Road, Mayetta, KS 66509

CREDIT COUNSELING

Housing & Credit Counseling, Inc.
800-383-0217 or 785-234-0217
1195 SW Buchanan, Topeka, KS 66604

COUNSELING & MENTAL HEALTH

Community Healthcare System
785-364-3205 ext. 1423

KANZA
785-364-4536
713 Idaho, Holton, KS 66436
Family mental health services, young child play therapy, substance abuse, family preservation, psychiatric medication services, crisis intervention, supported employment services. To access the
24-hour crisis service after hours contact the Hiawatha Hospital at 785-742-2131 and ask to speak to a KANZA on-call therapist

Family Service and Guidance Center
785-232-5005
325 SW Frazier, Topeka, KS 66606

Hope, Help and Health
785-305-0549 11549
222nd Rd, Holton, KS 66436
Individual counseling

Tina Haefke, LMSW
785-851-0717
Early Childhood counseling in home

Catholic Community Services
785-233- 6300
306 SW VanBuren, Topeka, KS 66603

DAYCARE/PRESCHOOL/CHILDREN YOUTH SERVICES

Everywoman's Resource Center
785-357-5171
1710 SW 10th, Topeka, KS 66604
Information and referrals on child care for Jackson County

NEK Multi-County Inc Health Depts
785-364-2670
312 Pennsylvania, Holton, KS 66436
Process child care provider applications (registered and licensed) investigates complaints of noncompliance with KDHE laws and regulations, maintain list of all licensed or registered providers Car Seat Rentals.

NEK-CAP Inc./Headstart and Early Headstart
785-364-2109
130 S. Iowa, Holton, KS 66436

NEK-CAP Onaga Headstart
785-889-4722
120 W. 8th St., Onaga, KS

NEK Education Center (Tiny-K)
866-987-6004
PO Box 320, Lecompton, KS 66050
Program for children with special needs such as speech, language, hearing, etc.

Lollipop Lane
785-364-3275
1401 W. 4th, Holton, KS 66436
Preschool located in the First United Methodist Church

PBP Early Childhood Educ. Center
785-966-2527
15380 K Rd., Mayetta, KS 66509

Holton Special Education Coop
785-364-3463
515 Pennsylvania, Holton, KS 66436

DISABILITY SERVICES

Jackson County Resources Center
785-364-3534
510 Kansas, Holton, KS 66436

Day Habilitation, supported employment, adult life skills training, supported living, family support/family subsidy, service coordination/case management

Social Security Administration
800-772-1213 or 785-295-0100
600 SW Commerce Place, Topeka, KS 66615

SRS / Vocational Rehabilitation
810 Oregon, Hiawatha, KS 66434
785-742-7186
Counseling and guidance, physical and mental restoration services, training, assistive technology, rehab equipment and rehab engineering, job placement, job coaching, technical assistance

Families Together
800-264-6343 501
Jackson, Suite 400, Topeka, KS 66608
Parent training and information centers provide literature, videos, workshops and information on a variety of special education topics

YWCA Center for Safety & Empowerment
785-362-2222 or 24 hr. helpline 888-8222983
Holton, KS 66436
Children's advocacy, sexual assault counseling/advocacy, legal services, safety planning, PFA/PFS assistance, resource and referral services, emergency shelter, 24-hour hotline, and public education/professional training

PBPN Health Center
866-966-0173 or 785-966-8200
Box 249, 11400 158th Rd, Mayetta, KS 66509

DOMESTIC VIOLENT PROGRAMS

YWCA Battered Women Task Force
785-362-2222 or 785-224-6232
107 E. 5th, Holton, KS 66436
Community based services offering, domestic violence counseling (adult/children)

PBPN Family Violence & Prevention Program
785-966-8342
11400 158th Rd., Mayetta, KS 66509

Crime Victims Compensation Board
785-296-2359
120 SW 10th, 2nd Fl., Topeka, KS 66612

Victims' Rights Program
785-368-7063
120 SW 10th, Topeka, KS 66612

Doves Inc.
913-367-0363
Box 262, Atchison, KS 66002
Doves is a program for women who need assistance due to abuse

Crimestoppers
800-222-TIPS (8477)

DRIVERS LICENSE

Jackson County Treasurer
785-364-3791
Courthouse, Holton, KS 66436
Not full-service station-Renewal of DL & ID only

Driver License Exam Station
785-266-7380 3907
SW Burlingame Rd, Topeka, KS
Full service station (renewal, new, driving tests)
Tues-Fri 7am to 5:45pm

Driver License Exam Station
785-336-6454
402 Main, Suite B, Seneca, KS
Full service station
Tues-Fri 7am to 5pm

EMPLOYMENT & PLACEMENT SERVICES

Topeka Work Force
785-235-5627
www.workforcecenters.com/topeka
1430 SW Topeka Blvd., Topeka, KS 66612
Vocational counseling, job referrals, testing and placements

Jackson County SRS
888-369-4777
Assists in employment search, ongoing work-related activities and employment support services

PBP Vocational Rehabilitation
785-966-8333 or 888-966-2932

FINANCIAL

Consumer Credit Counseling Services
785-234-0217

1195 SW Buchanan, Su. 203, Topeka, KS 66604

FOOD SOURCE / CLOTHING

Jackson County Senior Citizens Services
785-364-3571 Holton, KS
785-935-2308 Denison, KS
Congregate and home delivered meals for age 60 and over

Jackson County SRS
888-369-4777
500 SW Van Buren, Topeka, KS
Food stamps to assist household with food

JCMA Food Pantry
785-364-5905
Ken Waterman
Latino Community Center
Corner of 5th & Iowa St., Holton
Emergency food pantry

NEK-CAP, Inc.
785-364-4055
130 S. Iowa, Holton, KS 66436
Emergency food assistance, program for day care providers, program provides meal reimbursement, training nutrition education and menu planning
Sewage permits, well permits, water testing - Process begins w/application & onsite evaluation

Jackson County Kids Closet
www.jacksoncountykidscloset.org
info@jacksoncountykidscloset.org

Share Colorado
785-364-3455 or 364-4055

PBP Commodities
785-966-2718
Tribal Members

WIC Jackson County Health Department
785-364-2670
Box 444, 312 Pennsylvania, Holton, KS 66436
Nutritional program for pregnant women and children up to 5 years old

HOMELESS SERVICES

Rescue Mission
785-354-1744
Topeka, KS

HOSPITALS

Holton Community Hospital
785-364-2116
1110 Columbine, Holton, KS 66436

Onaga Community Hospital
785-889-4274 120
8th St., Onaga, KS 66521

Stormont Vail RMC
785-354-6000
1500 SW 10th Ave., Topeka, KS 66604

Stormont Vail West
785-270-4600
3707 SW 6th Ave., Topeka, KS 66606
Psychiatric in-patient care for adults, children and Adolescents

The University of Kansas Health System St. Francis Campus 785-295-8000
1700 SW 7th, Topeka, KS 66606

KU Medical Center
913-588-6450
Kansas City, KS

Children's Mercy Hospital
816-234-3000
Kansas City, MO

HOUSING ASSISTANCE

Holton Housing Authorities
785-364-2130
100 Southern Heights, Holton, KS 66436

NEK-CAP, Inc.
785-364-4055
130 S. Iowa, Holton, KS 66436
Offers section 8 housing, rental assistance, housing counseling, assistance with utility or rental deposit, weatherization program Jackson County Health Dept 785-364-2670 Box 444/312 Pennsylvania, Holton, KS 66436

PBP Housing Authority
785-966-2756
Mayetta, KS

INSURANCE

Healthwave
800-792-4884

Children insurance, some low-income adults with children can qualify-Income eligible

Topeka SRS
888-369-4777
500 SW Van Buren, Topeka, KS 66601

LEGAL SERVICES/LAW ENFORCEMENT

Juvenile Justice Authority (JJA)
785-296-7709
Topeka, KS

MEDICAL SERVICES, HOME, HEALTH & HOSPICE

Family Practice Associates
785-364-2126
1100 Columbine Dr., Holton, KS 66436

Muddy Creek Family Practice
785-933- 2000
200 Commercial, Netawaka, KS 66516

PBP Health and Wellness Center
785-966- 8200
11400 158th Rd., Mayetta, KS 66509

Rainbow Hill
785-364-4445
713 W. 7th, Holton, KS 66436

Holton Family Health Clinic
785-364-3205
1603 W. 4th, Holton, KS 66436

Hoyt Family Practice
785-986-6630
207 Highland, Hoyt, KS 66440

Jackson County Health Dept
785-364-2670
312 Pennsylvania, Holton, KS 66436

Wetmore Family Practice
785-866-4775
323 2nd Street, Wetmore, KS 66550

OPTICAL

Lifetime Eyecare
785-364-5000
121 4th St., Holton, KS 66436
Drs. Gallagher/Meerpohl

DENTAL

Holton Family Dentistry
785-364-4636
208 W. 4th, Holton, KS 66436

Holton Dental
785-364-3038
1110 Columbine, Holton, KS 66436

PHARMACY

Walmart Pharmacy
785-364-4619
US HWY 75, Holton KS 66436

Legal Aid
785-354-8531
712 S. Kansas, Topeka, KS
Legal assistance to low-income persons

Legal Aid
800-723-6953 or 336-6016
1500 Community Dr., Seneca, KS 66538

Washburn Law Office
785-231-1191 Topeka, KS

Holton Police Dept
785-364-2174
301 W. 4th, Holton, KS 66436

PBP Tribal Police
785-966-3024
16344 Q Rd., Mayetta, KS 66509

Jackson County Sheriff's Office
785-364-2251
210 US Hwy 75, Holton, KS 66436

PBP Tribal Court
785-966-2242
Mayetta, KS 66509

District Court
785-364-2191
Holton, KS 66436

County Attorney
785-364-3103
400 New York, 4th Floor, Holton, KS 66436

County Court Services
785-364-2191
400 New York, 4th Floor, Holton, KS 66436

County Clerk
785-364-2891 or 364-2826
Holton, KS 66436

Juvenile Intake and Assessment Center
785-364-5369
Stephanie or Barby
116 5th St., Holton, KS 66436

Medical Pharmacy
785-364-2114
1100 Columbine Dr. Holton, KS 66436

HOME HEALTH / HOSPICE

Holton Community Hospital Home, Health and Hospice
785-364-9617
129 W. 4th St., Holton, KS 66436

Community Home Health
785-889- 7200
100 8th St., Onaga, KS 66521
Attendant Care, Homemaker Services

Midland Hospice Care
785-232-2044 or 800-491-3691
200 SW Frazier Cir., Topeka, KS 66602

NEK Multi-County Home Health & Hospice
785-742-1966
907 S. 2nd St. Hiawatha, KS 66436

NEK Multi-County Depts Inc.
Jackson Co 785-364-2670
312 Pennsylvania, Holton, KS 66436

MISC.

Jackson County Community That Cares Coalition (JCCTCC)
785-876-6028
Deanne Armstrong, Coordinator
604 Delaware Dr., Ozawkie, KS 66070
www.jacoprevention.com

Holton Community Action Program
785-364-4055
130 S. Iowa, Holton, KS 66436

Three Rivers, Inc.
785-966-0174
Box 249/11400 158th Rd.
Mayetta, KS 66509

Family Resource Center
785-357-4763
400 SW Oakley, Topeka KS 66606

Beck-Bookman Public Library
785-364- 3532
420 W. 4th St., Holton, KS 66436

Catholic Charities
785-233-6300
306 SW VanBuren
Topeka, KS 66603

Monday's
785-364-3262
416 Ohio, Holton, KS 66436

K-State Extension-Meadowlark District
785-364-4125
400 New York, Holton, KS 66436

Heart of Jackson County Humane Society
785-364-5156
414 E. 8th, Holton, KS 66436

Chamber of Commerce and Tourism
785-364-3963
105 W. 4th, Holton, KS 66436

Royal Valley Community Technology Center
785-986-6406
107 E 4th, Hoyt, KS 66440
Provides the community with job skills development, computer training on a wide variety of topics from basic to advanced computer use and internet access

PARENTING ASSISTANCE

Crisis Pregnancy Center
785-364-5400
109 E. 5th, Holton, KS 66436
Diapers, wipes, baby food, pregnancy test, counseling, clothing, blankets, parenting assistance

Jackson County Health Dept
785-364-2670
Box 444/312 Pennsylvania, Holton, KS 66436
Home visits for babies born in Jackson County, M&I program for pregnant women and post-partum assistance from a nurse. High-risk infant program includes home visits and assistance from a nurse on a regular basis

Kansas Children's Service League
800-332-6378
Free anonymous telephone counseling Services and for any non-medical parenting problem or
concern

Parents As Teachers- contact school districts
USD#336 Holton – 785-364-3650
USD#335 Jackson Heights–785-364-2244 /2194
USD#337 Royal Valley-785-986-6286

Early Head Start Jackson County
785-364-2109
130 S. Iowa, Holton, KS 66436
Comprehensive program to address needs of children and their families, available to pregnant women and children (0-5 yrs of age)

PBP Early Childhood Education Center
785-966-2527
15380 K Rd., Mayetta, KS 66509
Preschool (3-5 yrs old) child development program with comprehensive services-early child Head Start assists pregnant women and children under the age of three.

Families Together, Inc
800-264-6343
501 Jackson, Suite 400, Topeka KS
Parent training and information centers provide information on a variety of special education topics.

PUBLIC / FINANCIAL ASSISTANCE

Jackson County SRS
888-369-4777
500 SW Burden, Topeka KS
Temporary assistance for families for a limited number of months

NEK-CAP, Inc
785-364-4055
130 S Iowa, Holton KS 66436

RECREATIONAL

Holton City of Parks and Recreations
785-364-9000
211 W 5th St, Holton KS 66436

Banner Creek Reservoir
785-364-4236
10975 Hwy 16, Holton KS 66436

PBP Boys and Girls Club
785-966-3011
Mayetta, KS 66509

SCHOOLS

USD #335 North Jackson Heights
District Office 785-364-2194
Grade/Middle 785-364-2244
High 785-364-2195

USD #336 Holton
District Office 785-364-3650
Elementary 785-364-3251
Middle 785-364-2441 or 3669
High 785-364-2181

USD #337 Royal Valley
District Office 785-966-2246
Elementary 785-986-6286
Middle 785-966-2251
High 785-986-6251

Holton Special Education Services Coop
785-364-3463

SENIOR CITIZEN SERVICES

Jackson County Health Dept
785-364- 2670
312 Pennsylvania, Holton, KS 66436
Skilled nursing visits to your home as well as personal care (hair care, baths, etc.) physical or occupational therapy, foot care

PBP Health and Wellness Center
785- 966-8200
11400 158th Rd., Mayetta, KS 66509

Jackson County Senior Citizens Services
Holton 785-364-3571
Meals, transportation, chore program, entertainment and crafts

NE-KS Jayhawk Area Agency on Aging
800-883-2549 or 785-742-7152
Determination of needed services, in home care (meals, homemaker, attendant care, transportation) assistance with insurance questions and legal issues, information and referral agency about senior issues

GIRL Friday
Sherri Moore, Owner
15380 210th Road
Holton, KS 66436
785-364-6614
Licensed, Bonded, and Insured
*Girl Friday also provides non-medical transportation for a fee.

SOCIAL SECURITY BENEFITS

Jackson County is serviced by Topeka
800-772-1213 or 785-295-0100
600 SW Commerce Place, Topeka, KS 66612
www.socialsecurity.gov

UNEMPLOYMENT

Unemployment Insurance Call Center
800-292-6333
1430 SW Topeka Blvd., Topeka, KS
www.uibenefits.dol.ks.gov

WEATHERIZATION
NEK-CAP Inc. 785-364-4055
130 S. Iowa, Holton, KS 66436

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

Patient Origin by Region - Inpatient

Jackson, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2015

Holton Community Hospital
Family Practice Associates

Hospital	Total Discharges Cases	%	Pediatric Age 0 - 17 Cases	%	Adult Medical/Surgical Age 18 - 44 Cases	%	Age 45 - 64 Cases	%	Age 65 - 74 Cases	%	Age 75+ Cases	%	Psychiatric Cases	%	Obstetric Cases	%	Newborn Cases	%	Surg %
Stormont Vail Health - Topeka, KS	725	44.9%	36	5.0%	53	7.3%	159	21.9%	125	17.2%	169	23.2%	63	8.7%	65	9.0%	56	7.7%	29.4%
St. Francis Health - Topeka, KS	392	24.3%	7	1.8%	36	9.2%	117	29.8%	81	20.7%	95	24.2%	3	0.8%	28	7.1%	25	6.4%	39.0%
Holton Community Hospital - Holton, KS	206	12.8%	2	1.0%	5	2.4%	12	5.8%	39	18.9%	89	43.2%	3	1.5%	28	13.6%	28	13.6%	5.8%
Community Healthcare System Inc. - Onaga, KS	126	7.8%	2	1.6%	5	4.0%	15	11.9%	24	19.0%	48	38.1%	3	2.4%	15	11.9%	14	11.1%	7.1%
University of Kansas Health System - Kansas City, KS	81	5.0%	8	9.9%	18	22.2%	31	38.3%	15	18.5%	4	4.9%	2	2.5%	1	1.2%	2	2.5%	50.6%
Children's Mercy Kansas City - Kansas City, MO	16	1.0%	15	93.8%	1	6.3%	0		0		0		0		0		0		56.3%
Saint Luke's Hospital of Kansas City - Kansas City, MO	9	0.6%	0		2	22.2%	6	66.7%	0		1	11.1%	0		0		0		66.7%
Hiawatha Community Hospital - Hiawatha, KS	6	0.4%	0		0		0		0		4	66.7%	0		1	16.7%	1	16.7%	
Lawrence Memorial Hospital - Lawrence, KS	6	0.4%	0		1	16.7%	0		0		1	16.7%	0		2	33.3%	2	33.3%	66.7%
Shawnee Mission Health - Shawnee Mission, KS	6	0.4%	0		0		1	16.7%	2	33.3%	0		0		2	33.3%	1	16.7%	50.0%
Kansas Residents/Nebraska Hospitals	5	0.3%	0		1	20.0%	3	60.0%	1	20.0%	0		0		0		0		80.0%
Other Hospitals	34	2.1%	4	11.8%	1	2.9%	7	20.6%	6	17.6%	11	32.4%	4	11.8%	1	2.9%	0		23.5%
Hospital Total	**1,613**	**100.0%**	**75**	**4.6%**	**123**	**7.6%**	**351**	**21.8%**	**293**	**18.2%**	**421**	**26.1%**	**78**	**4.8%**	**143**	**8.9%**	**129**	**8.0%**	**28.2%**

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Patient Origin by Region - Inpatient

Jackson, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2016

Holton Community Hospital
Family Practice Associates

Hospital	Total Discharges Cases	%	Pediatric Age 0 - 17 Cases	%	Adult Medical/Surgical Age 18 - 44 Cases	%	Age 45 - 64 Cases	%	Age 65 - 74 Cases	%	Age 75+ Cases	%	Psychiatric Cases	%	Obstetric Cases	%	Newborn Cases	%	Surg %
Stormont Vail Health - Topeka, KS	635	43.4%	32	5.0%	47	7.4%	114	18.0%	114	18.0%	124	19.5%	53	8.3%	75	11.8%	76	12.0%	29.9%
St. Francis Health - Topeka, KS	325	22.2%	3	0.9%	25	7.7%	84	25.8%	63	19.4%	68	20.9%	0		40	12.3%	42	12.9%	31.7%
Holton Community Hospital - Holton, KS	218	14.9%	3	1.4%	5	2.3%	28	12.8%	32	14.7%	117	53.7%	1	0.5%	6	2.8%	26	11.9%	7.8%
Community Healthcare System Inc. - Onaga, KS	123	8.4%	3	2.4%	5	4.1%	19	15.4%	19	15.4%	37	30.1%	1	0.8%	21	17.1%	18	14.6%	6.5%
University of Kansas Health System - Kansas City, KS	73	5.0%	2	2.7%	11	15.1%	30	41.1%	3	4.1%	17	23.3%	3	4.1%	5	6.8%	2	2.7%	54.8%
Children's Mercy Kansas City - Kansas City, MO	13	0.9%	13	100.0%	0		0		0		0		0		0		0		46.2%
Lawrence Memorial Hospital - Lawrence, KS	10	0.7%	0		1	10.0%	2	20.0%	1	10.0%	1	10.0%	0		3	30.0%	2	20.0%	30.0%
Kansas Residents/Nebraska Hospitals	7	0.5%	1	14.3%	1	14.3%	4	57.1%	1	14.3%	0		0		0		0		71.4%
Hiawatha Community Hospital - Hiawatha, KS	7	0.5%	0		0		0		0		3	42.9%	0		2	28.6%	2	28.6%	28.6%
Atchison Hospital - Atchison, KS	5	0.3%	0		0		0		1	20.0%	0		0		2	40.0%	2	40.0%	20.0%
Shawnee Mission Health - Shawnee Mission, KS	5	0.3%	0		1	20.0%	2	40.0%	1	20.0%	0		1	20.0%	0		0		60.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	5	0.3%	0		0		5	100.0%	0		0		0		0		0		
Other Hospitals	37	2.5%	4	10.8%	0		10	27.0%	2	5.4%	4	10.8%	14	37.8%	1	2.7%	2	5.4%	16.2%
Hospital Total	**1,464**	**100.0%**	**61**	**4.2%**	**96**	**6.6%**	**298**	**20.4%**	**237**	**16.2%**	**371**	**25.3%**	**74**	**5.1%**	**155**	**10.6%**	**172**	**11.7%**	**29.2%**

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Patient Origin by Region - Inpatient

Jackson, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2017

Holton Community Hospital
Family Practice Associates

Hospital	Total Discharges Cases	%	Pediatric Age 0 - 17 Cases	%	Adult Medical/Surgical Age 18 - 44 Cases	%	Age 45 - 64 Cases	%	Age 65 - 74 Cases	%	Age 75+ Cases	%	Psychiatric Cases	%	Obstetric Cases	%	Newborn Cases	%	Surg %
Stormont Vail Health - Topeka, KS	827	48.8%	29	3.5%	60	7.3%	188	22.7%	144	17.4%	207	25.0%	58	7.0%	72	8.7%	69	8.3%	30.8%
The University of Kansas Health System St. Francis Campus - Topeka, KS	347	20.5%	3	0.9%	20	5.8%	89	25.6%	78	22.5%	61	17.6%	1	0.3%	51	14.7%	44	12.7%	34.6%
Holton Community Hospital - Holton, KS	257	15.2%	0		6	2.3%	24	9.3%	54	21.0%	135	52.5%	0		7	2.7%	31	12.1%	5.4%
Community Healthcare System Inc. - Onaga, KS	119	7.0%	1	0.8%	4	3.4%	18	15.1%	17	14.3%	48	40.3%	0		15	12.6%	16	13.4%	5.0%
The University of Kansas Health System - Kansas City, KS	67	4.0%	0		9	13.4%	26	38.8%	15	22.4%	6	9.0%	6	9.0%	5	7.5%	0		46.3%
Saint Luke's Hospital of Kansas City - Kansas City, MO	11	0.6%	0		0		7	63.6%	2	18.2%	2	18.2%	0		0		0		81.8%
Atchison Hospital - Atchison, KS	5	0.3%	0		0		0		1	20.0%	0		0		2	40.0%	2	40.0%	20.0%
Children's Mercy Kansas City – Kansas City, MO	5	0.3%	4	80.0%	1	20.0%	0		0		0		0		0		0		40.0%
Other Hospitals	56	3.3%	5	8.9%	8	14.3%	18	32.1%	6	10.7%	4	7.1%	8	14.3%	4	7.1%	3	5.4%	30.4%
Hospital Total	**1,696**	**100.0%**	**42**	**2.5%**	**108**	**6.4%**	**372**	**21.9%**	**317**	**18.7%**	**463**	**27.3%**	**73**	**4.3%**	**156**	**9.2%**	**165**	**9.7%**	**26.6%**

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b) Town Hall Attendees, Notes, & Feedback

Jackson County Area (Holton) - Town Hall Roster N=36							
Category	**Attend**	**Lastname**	**First name**	**Organization**	**City**	**ST**	**Zip**
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Bontrage	Mandy	The Pines	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Brown	Season	Holton Community Hospital	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Cole-Larrison	Kathy	Holton Community Hospital	Holton	KS	66436
Family Nurse Practitioner	X	Darveaux	Kelcie	Family Practice Associates	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Dieckmann	Holli	Holton Community Hospital	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Fitzgerald	Loretta	Holton Community Hospital	Netawaka	KS	66516
Community leaders	X	Gomez	Alys	Community Member	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Gross	Rachel	Holton Community Hospital	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Herring	Kim	Holton Community Hospital	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Hicks	Stephanie	Holton Community Hospital	Holton	KS	66437
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Holaday	Pamela	Holton Community Hospital	Holton	KS	66437
Representatives from busniesses - owners/CEOs of large businesses (local or large corporations with local brances.)	X	Hower	Roger	Kellerman's Real Estate	Holton	KS	66436
Representatives from busniesses - owners/CEOs of large businesses (local or large corporations with local brances.)	X	Hull	Mary-Colette	Community	Holton	KS	66436
People without titles, but identified by others as "community leaders".	X	Hutchins	Becky	Community	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Hutchives	Joel	Holton Community Hospital	Holton	KS	66436
City/Community planners and development officials.	X	Karns	Sarah	Harvesters	Topeka	KS	66603
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Kenton	Bart	Holton Community Hospital	Holton	KS	66438
Mental health providers.	X	Linden	Sarah	Kanza	Hiawatta	KS	66434
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Locke	Erin	Holton Community Hospital	Topeka	KS	66618
United Way organizations.	X	Martin	Brett	United Way	Topeka	KS	66614
Education officials and staff - school superintendents, principals, teachers and school nurses.	X	McAsey	Jackie	HHS	Holton	KS	66436
Representatives from busniesses - owners/CEOs of large businesses (local or large corporations with local brances.)	X	Meerpohl	Nicole	Lifetime Eyecare	Holton	KS	66436
Education officials and staff - school superintendents, principals, teachers and school nurses.	X	Mosier	Amy	Royal Valley Jr Sr high School	Hoyt	KS	66440
Education officials and staff - school superintendents, principals, teachers and school nurses.	X	Nelson	Nancy	Meadowlark Extension District	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Raaf	Tonya	Holton Community Hospital	Holton	KS	66436
Directors or staff of health and human services organizations.	X	Reith	Angie	Jackson Co Health Dept	Independence	MO	64050

Jackson County Area (Holton) - Town Hall Roster N=36							
Category	**Attend**	**Lastname**	**First name**	**Organization**	**City**	**ST**	**Zip**
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Rinkes	Nikki	The Pines	Holton	KS	66436
PRESS (Paper, TV, Radio)	X	Sanders	Brian	Holton Recorder Newspaper	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Schultejans	LeighAnn	Holton Home Health	Holton	KS	66436
Community leaders	X	Smith	Leslie	FSB	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Snavely	Gretchen	Holton Community Hospital	Holton	KS	66436
People without titles, but identified by others as "community leaders".	X	Summer	Helen	Community	Hoyt	KS	66440
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Wassenberg	Phil	Holton Community Hospital	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Wilhelm	Donna	NEKAP	Holton	KS	66436
Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services.	X	Wilson	Nicole	Holton Community Hospital	Holton	KS	66436
Mental health providers.	X	Zirkle	Jolene	Kanza	Hiawatta	KS	66434

Town Hall- Jackson County CHNA at The Hot Spot

11/15/18

Attendees: 36

NOTES:

CHNA- tactics to address needs- Jan 2019 Implementation Plan

Future System of Care- self-driven health, recovery, rehab, acute care, community-based care

Primary Service Area—county plus two zip codes—Effingham added

Tab 1: Demographics- American natives, languages- Guatemalan and others, children in single parent households—stressful

Tab 2: Economic- poverty, severe housing problems, food insecurity- harvesters (low income- qualified for free meals- PB)- very proud but hard to calculate need – food isn't always the healthiest, yes employment driving is long

Tab 3: Educational- reduced price lunch or free- high school diploma—school health factors?

Tab 4: Maternal - shots for free and good percentage!, smoking mothers/unwed mothers- stressful

Tab 5: Hospitalization/Provider- primary care, need more doctors? Hospital recommendations—positive, addresses of people with business addresses instead of home, senior care is going up

Tab 6: Behavioral- suicide morality rate---depression, drug issue- meth, marijuana, carphetinol- synthetic drugs that are coming in the county

Tab 7: Risk Factors- obesity, physical activity, alcohol consumption- kidney diseases, sexually transmitted diseases, chronic diseases

Tab 8: Insurance options in Holton?

Tab 9: Alcohol-impaired driving deaths—yes it is an issue, cancer deaths especially.

Tab 10: Some people cannot afford facilities to exercise and there are diabetes problems

What is causing poor health? E-cigs

STRENGTHS

*quality of physicians, perception of care, life expectancy high, hospice services, mojo- collaboration of our stakeholders is increasing, EMS services, care about anyone who visits- open arms care, educated people, high vaccine rates, outreach/outline clinics, senior-life solutions/programs- THRIVE, access to specialty doctors (NEED MORE), health outcomes-RWJ score, dental care, eye care, pharmacy care

Wave #3 CHNA - Jackson County KS

Town Hall Conversation - Strengths (Color Cards) N= 31

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?
6	ACC	Access to care	1	HOSP	Medical Clinics in county
20	ACC	Awareness of health issues	4	HOSP	Hospital Perception
20	ACC	Capable number of providers	11	HOSP	HC Delivery
26	ACC	Access to physical providers	11	HOSP	HC Specialties
27	ACC	Access to grocery stores	12	HOSP	Medical care
30	ACC	Health Care access	19	HOSP	Physician clinics
2	AGE	Senior health	13	MRKT	Out of county people visit
10	ALL	Good starting point (13 out of 105)	20	MRKT	Outreach
13	ALL	Health outcomes (13 out of 105)	18	NUTR	Food distribution
15	ALL	Health outcomes (13 out of 105)	31	ORAL	Oral health providers
17	ALL	Health outcomes (13 out of 105)	2	OTHR	Community comes together
18	ALL	Overall health (cancer levels)	4	OTHR	Screening and Education
19	ALL	Health outcomes (13 out of 105)	5	OTHR	Caring and Supportive community
21	ALL	Health outcomes (13 out of 105)	8	OTHR	Life expectancy
26	ALL	Public health services	8	OTHR	Positive education levels
5	AMB	Ambulance services	10	OTHR	High education level
13	AMB	Ambulance services	10	OTHR	Strong leadership
14	AMB	Ambulance services	11	OTHR	Highly educated community
15	AMB	Ambulance services	13	REC	Longevity
19	AMB	Ambulance services	17	OTHR	Mortality
20	AMB	Ambulance services	19	OTHR	Out of county-care
21	AMB	Ambulance services	20	OTHR	High RWJ score
16	BH	Mental health	25	OTHR	Outlying clinics
31	BH	Mental health providers	26	OTHR	Good School districts
2	COMM	Communication/Education	30	OTHR	Perception of healthcare
2	DEN	Dental/Eye/Pharm care	30	OTHR	Takes care of all people
25	DEN	Dental care	3	PHAR	Pharmacy
3	DOCS	PCP's	25	PHAR	Pharmacy
4	DOCS	Choice of Providers	28	PHAR	Pharmacy
9	DOCS	PT's related	3	PREV	Diabetes Education
14	DOCS	Plenty of doctors	7	PREV	Preventative care
15	DOCS	Good physician services	18	REC	Longevity
23	DOCS	Health care providers	19	REC	Longevity
25	DOCS	Physician clinics quality	20	REC	Mojo- Collaboration
25	DOCS	Eye care	21	REC	Longevity
28	DOCS	Physicians	22	REC	Mojo
29	DOCS	Providers	23	REC	Mojo
26	EMER	Good emergency care services	24	REC	Mojo
25	EMS	EMS- available staffed	30	REC	Mojo
28	EMS	EMS	5	SPEC	Specialists come to area
29	EMS	EMS	7	SPEC	Specialty doctors
30	EMS	EMS	8	SPEC	Specialty doctors
3	EMT	Urgent care	2	SS	Perception of Social services
5	EMT	ER services	8	TOB	Tobaccoo prevention awareness
7	FIT	Exercise	11	VACC	Vaccine rates
1	GEN	Quality Care (Med/Den/Op)	13	VACC	Vaccine rates
2	GEN	Care for everyone	14	VACC	Good on vaccines
13	HH	Hospice services	19	VACC	Vaccine rates
19	HH	Hospice services	20	VACC	Immunizations
20	HH	Hospice services	21	VACC	Vaccine rates
30	HH	Hospice services	30	WELL	Good programs (Thrive, Sr Life Solutions)

Wave #3 CHNA - Jackson County

Town Hall Conversation - Weakness (Color Cards) N= 28

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?
1	ACC	Access for behavioral health	22	NUTR	Food/nutrition
13	ACC	Access to food for low income (Harvesters/pantry)	23	NUTR	Nutrition
28	ACC	Access to Healthcare	26	NUTR	Nutrition
28	ACC	Behavioral health	28	NUTR	Food Insecurity
9	AGE	Care givers for elderly (checking in on them daily)	15	OBES	Obesity/exercise
11	AGE	Nursing home options	16	OBES	Obesity
17	AGE	Affordable senior living	19	OBES	Obesity
19	AGE	Nursing homes	20	OBES	Obesity
22	AGE	Quality affordable nursing home care	21	OBES	Obesity
23	AGE	Nursing home care-better quality	22	OBES	Obesity
25	AGE	Senior living	23	OBES	Obesity
5	ALC	Drunk driving	24	OBES	Obesity
18	ALC	Drinking and driving	25	OBES	Obesity
26	ALL	DM Education/prevention	1	OTHR	Involvement from ALL
2	BH	Mental health services	3	OTHR	Insurance Coverage
4	BH	Mental health treatement/anxiety/depression	5	OTHR	Bad debt
5	BH	Mental health	6	OTHR	Apathy- tax support
6	BH	Mental Health Services	10	OTHR	LT disease mgt
7	BH	Mental Health	25	OTHR	Real Estate-professional
8	BH	Mental health for low income	27	OTHR	Kanza
10	BH	Mental health need	28	OTHR	Built environment
11	BH	Mental Health	2	PEDS	Pediatric Specialists
12	BH	Mental healthcare	15	POV	Poverty
14	BH	Mental health	16	POV	Poverty
15	BH	Mental health needs	17	POV	Poverty/lack of available food
16	BH	Mental Health access	22	POV	Poverty
17	BH	Mental Health care and services	24	POV	Poverty
19	BH	Mental health services	25	POV	Poverty
21	BH	Mental care	28	POV	Income/economic Op wages
22	BH	Mental health access	1	SPEC	More Specialists
23	BH	Mental Health availability	2	SPEC	Specialists needed for all ages
24	BH	Mental Health access	25	SPEC	More specialty docs
25	BH	Mental health	1	SS	Communication of programs
1	COMM	Language Barriers	3	SS	School social wrk resources
8	COMM	Hiring translators	3	SS	More MH services
12	COMM	Language barriers	6	SS	OB Services
17	COMM	Available translators	7	SS	Informing community about opportunities
18	COMM	Language Barriers	9	SS	Educating community on services/resources
21	COMM	Language Barriers	11	SS	OB services
22	COMM	Language Barriers	13	SS	OB services
23	COMM	Language Barriers	13	SS	Education on services
24	COMM	Language Barriers	15	SS	Awareness of services
24	COMM	Translators in legal/medical fields	16	SS	Awareness of resources
26	COMM	Translators	25	SS	Include surrounding community
28	COMM	Language Barriers	5	STD	STD
18	DOCS	Number of Doctors	17	STD	STD treatement/education
19	DOCS	More MD and DO's	19	STD	STD's
23	DOCS	Need more PCPs	21	STD	STD's
9	DRUG	Stopping Juuls in high school	22	STD	STD Education
17	DRUG	Drug abuse education (pot/meth/carpheutanol)	23	STD	STD's
18	DRUG	Drugs	24	STD	Awareness of STD's

Wave #3 CHNA - Jackson County

Town Hall Conversation - Weakness (Color Cards) N= 28

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?
19	DRUG	Opiod-meth/pot	2	SUIC	Suicide prevention/depression
20	DRUG	% of drug and alcohol	25	SUIC	Suicide prevention
22	DRUG	Drugs/overdose	4	TRAN	Transportation to appts
23	DRUG	Overdose/Drug abuse	9	TRAN	Public Transportation
3	EMS	Emergency MH Services	13	TRAN	Public transportation for low income
25	EMS	24 hr Urgent Care	15	TRAN	Transportation
26	EMS	24 hr Urgent Care	25	TRAN	Transportation
18	FEM	Unmarried mothers	26	TRAN	Transportation
22	FEM	Young/unmarried mothers	1	VACC	Immunization programs
24	FEM	Single-parent households	7	VACC	Immunizations
25	FIT	Exercise options/education	8	VIO	Domestic violence
26	FIT	Exercise options/education	1	WELL	Sex Education in Middle school
28	KID	Youth risky behaviors	4	WELL	Sex education programs in middle schools
5	NUTR	feeding low income	20	WELL	Wellness
8	NUTR	Food Pantry-longer hours	23	WELL	Annual wellness exams
10	NUTR	Food- child/adult	20	WELL	Cost of health insurance
18	NUTR	Food/nutrition			

c) Public Notice & Requests

[VVV Consultants LLC]

Work to Begin on Jackson County Community Health Needs Assessment 2018

Media Release: September 7, 2018
Contact: Carrie Saia

Over the next three months, Holton Community Hospital will be partnering with Jackson County KS Public Health to update the 2015 Jackson County Community Health Needs Assessment (CHNA).

The goal of this assessment update is to understand progress in addressing community health needs cited in the 2015 CHNA report and to collect up-to-date community health perceptions. <Note: ACA legislation requires all tax-exempt hospitals to submit a CHNA to the IRS every three years, regardless of hospital affiliation. Each hospital, even those that serve overlapping populations, must submit a separate CHNA.>

To accomplish this work, a short online survey has been developed.

https://www.surveymonkey.com/r/JacksonCo_CHNA

All community residents are encouraged to complete the 2018 CHNA Wave #3 online survey by **Friday October 26, 2018.** < Note: you can also find CHNA feedback survey link on both Holton Community Hospital and Jackson County Public Health websites & Facebook pages.>

Vince Vandehaar, MBA (VVV Consultants LLC, an independent research firm from Olathe, KS) has been retained to conduct this community wide research. If you have any questions about CHNA activities, please Carrie Saia at 785-364-9645.

E Mail Reminder (Cut & paste)

Subject: CHNA Town Hall – Thursday November 15th Jackson County KS residents

To Community Leaders:

Holton Community Hospital and Jackson County Health Department are partnering together to update the 2018 Jackson County Community Health Needs Assessment (CHNA) report. The goal of work is to understand progress in addressing community health needs cited in the 2016 report and to discuss current community health priorities.

To continue this work, a Jackson County **Town Hall will be held on Thursday, November 15th from 11:30 a.m. to 1:00 p.m.** in the back room of the Hot Spot at 124 W. 5th St. in Holton.

Please plan to attend in order to share your insights. A light dinner will be provided starting at 11:00 a.m.

Vince Vandehaar, principal consultant at VVV Consultants LLC from Olathe, Kansas, has been hired to facilitate this meeting. Thank you.

For more information contact: Carrie Saia at 785-364-9645.

Community Health Needs Assessment

Jackson County KS - Town Hall Meeting

Holton Community Hospital and
Jackson County Public Health Center
will be sponsoring a
Town Hall Meeting on Thursday, November 15th, 2018
from 11:30 a.m. to 1:00 p.m.
at the Hot Spot
(124 W. 5th St. Holton)

Public is invited to attend.

A light lunch will be provided starting at 11:00 a.m.

Please join us for this opportunity to share your opinions
and suggestions to improve health care delivery
in Jackson County, KS.

Thank you in advance for your participation.

THE HOLTON RECORDER
Serving The Jackson County Community Since 1867

Community Health Needs Assessment Town Hall Set For Nov. 15

Thu, 10/18/2018 - 10:39 holtonadmin

In order to gauge the overall health needs of Jackson County residents, Holton Community Hospital and Jackson County Health Department are inviting the public to participate in a Community Health Needs Assessment Town Hall on from 11:30 a.m. to 1 p.m. on Thursday, Nov. 15, in the back room of The Hot Spot at 124 W. 5th St. in Holton.

This event is being held to review current county health status data and prioritize and discuss health needs of Jackson County residents. Feedback from the meeting will also serve to fulfill government mandates.

“This work is key to determine Jackson County health direction for next three years. We hope all county stakeholders and residents can attend,” said Carrie Saia, Holton Community Hospital CEO.

A light lunch will also be served starting at 11:15 a.m. Vince Vandehaar, principal consultant at VVV Consultants LLC from Olathe, has been hired to facilitate this meeting.

For more information, contact Saia at 785-364-9645.

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Vince Vandehaar (at right) of Olathe's VVV Consultants led a town hall meeting on Thursday, gathering information to be compiled into an updated community health needs assessment for Jackson County. The finished assessment will be released sometime in January, Vandehaar said. (Photo by Brian Sanders)

Information collected for health needs assessment

By Brian Sanders

In terms of health care, what areas could stand to be changed or improved upon in Jackson County?

That was the question posed to about 50 people present for a "community health needs assessment town hall" held this past Thursday at the Hot Spot in Holton, including health care professionals and other members of the Holton and Jackson County community.

The various answers to that question will now be compiled into an updated community health needs assessment, to be completed sometime in January and posted at Holton Community Hospital's Web site, according to Vince Vandehaar, principal consultant at VVV Consultants of Olathe, who presided over Thursday's town hall meeting.

Continued to Page 12

Health needs assessment...

Continued from Page 1

The updated assessment — similar to previous assessments compiled in 2013 and 2016 — will be used to determine the direction that Jackson County's health care takes over the next three years, said Carrie Saia, CEO at Holton Community Hospital, which teamed up with the Jackson County Health Department to conduct the town hall meeting.

Vandehaar presented data collected in previous years on the county's health care strengths and concerns and asked those present to voice their opinions on the county's most important health care needs at the present time.

"I want us to think about all of our segments — our kids, the seniors, whoever represents Jackson County," Vandehaar said.

Some of the county's strengths, he said, are reflected in the county's high ranking in the annual Robert Wood Johnson Foundation report on county health rankings — the most recent report has the county ranked 13th out of 105 counties.

"You don't want to be 105th, and you're not," Vandehaar said.

Following Vandehaar's presentation, those present were asked to break up into groups and discuss their opinions on the county's health care strengths, as well as those areas that need improvement.

"We're looking for trends and issues," Vandehaar said.

Health care areas identified as the county's strengths included the number of available physicians, access to specialty doctors, outreach clinics, senior care and hospice service, EMS service and the "mojo," or collaborative efforts, of the county's health care professionals.

Areas identified as being in need of change or improvement included mental health care, poverty and food insecurity, obesity rates, education on drug abuse and sexually-transmitted diseases, the need for affordable senior living options, opthalmology, orthopedic services and awareness of available health care services in the county.

Vandehaar and his assistant, Tessa Taylor, compiled items in the latter category and allowed those present to vote on which of those items they deemed most important. The results of the voting will be included in the community health needs assessment, after which a similar follow-up meeting will be scheduled, he said.

d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]

CHNA 2018 Community Feedback - Jackson Co KS N=110							
ID	**Zip**	**Overall**	**Movement**	**c1**	**c2**	**c3**	**In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?**
1068	66436	Good	Increasing - moving up	ACC	TRAV		Any service I have needed has been available locally, and if not, I get sent somewhere else. I am OK with that, and have received good services in all cases.
1092	66436	Good	Not really changing much	ACC			We have available within 30 miles all services (I'm including Shawnee county hospitals)
1012	66436	Very Good	Increasing - moving up	AGE			Support for older patients that are unable to drive or have no support system
1015	66436	Good	Increasing - moving up	BH	DRUG		Mental health, substance abuse counseling
1083	66436	Very Good	Not really changing much	BH	OBG	AGE	Need more mental health, return to OB care. Senior services.
1100		Very Good	Increasing - moving up	BH	OBG	DRUG	Mental illness issue, Ob services at hosp., specific education in schools re: drug addiction
1021	66436	Good	Not really changing much	BH	OTHR		Mental healthcare access. Osteoporosis diagnosis and treatment with DEXA scanner at HCH.
1041	66060	Good	Increasing - moving up	BH	PEDS		Availability of mental health services for all age ranges, particularly pediatric, and emergency mental health services.
1001	66436	Good	Increasing - moving up	BH			Mental Health for all ages needs to be addressed
1037		Very Good	Not really changing much	BH			Mental health services
1039		Very Good	Increasing - moving up	BH			mental health services
1057	66436	Good	Not really changing much	BH			mental health
1069	66621	Very Good	Increasing - moving up	BH			more mental health
1028	66436	Very Good	Increasing - moving up	CLIN	EMER		Expanding the space of the Family Practice Clinic and making the emergency room bigger.
1086	66436	Good	Not really changing much	CLIN	OP	QUAL	I have utilized Family Practice Clinic, Outpatient Clinic, Cardiovascular Services, and MRI. I have been pleased with all and as I get older I am sure I will utilize more services.
1009	66540	Good	Increasing - moving up	DOH	NURSE		Health Dept needs to be more accessible Too often nurse not available
1050	66618	Average	Increasing - moving up	DOH	PREV		Focus on public health/prevention
1064	66436	Average	Decreasing - slipping downward	DRUG	BH	TRAN	Yes, we need additional Community resources for drug addiction, behavioral health and transportation options for all populations.
1078	66436	Average	Increasing - moving up	EMER	TRAN		Emergency care provided at HCH and / or increased stabilizing emergency care prior to transport to improve survival rates post transport.
1029	66440	Very Good	Not really changing much	EMS			faster EMT response time
1008		Very Good	Not really changing much	FEM	EMER	CONF	Bring back the maternity services. I think the additional save etc will be very benifical. There is very little privacy in the emergency room now.
1090	66436	Good	Increasing - moving up	FINA	BH		Healthcare affordability and accessibility Mental health services
1018	66436	Good	Not really changing much	FINA			Medical billing at the hospital is slow and needs improvement.
1107		Good	Decreasing - slipping downward	FINA			Cost of care is too expensive--this is a nationwide problem, however, not just local.
1095	66436	Good	Not really changing much	INSU			non-insured patients, especially non-citizen immigrants
1079		Good	Increasing - moving up	MRKT			Keep the community informed of what is available.
1027	66436	Good	Increasing - moving up	OBG	CORP		OB delivery needs to be added. More community involvement with Drs, such as speaking to the public, HCH sponsoring events, etc
1075	66516	Good	Increasing - moving up	OBG	DENT	POV	labor and delivery, dental and medical care for low income or non insured,
1017	66436	Very Good	Not really changing much	OBG	FEM	PNEO	The Holton Community Hospital needs to begin delivery babies again. this has really negatively affected our community
1047	66550	Good	Not really changing much	OBG	FEM	TRAV	The hospital no longer delivers babies- that makes expectant mothers drive farther to deliver their babies.
1104	66436	Good	Decreasing - slipping downward	OBG	FINA		Obstetrics services are no longer offered at the hospital. Healthcare costs are inflated.
1062	66436	Good	Increasing - moving up	OBG	LOY	FINA	Labor and delivery, loyalty of providers, fiscal responsible decisions which can have long term effects on healthcare in the community and future generations.
1010	66416	Good	Not really changing much	OBG			Obstetrics. We need local obs.
1032	66436	Good	Not really changing much	OBG			Add OB services back to HCH
1033	66436	Very Good	Increasing - moving up	OBG			I think we need OB back
1035	66436	Very Good	Increasing - moving up	OBG			Obstetric needs for pregnant patients.
1045	66416	Average	Not really changing much	OBG			We need to have OB services back in Jackson County
1048	66436	Good	Not really changing much	OBG			OB services and delivery services back at Holton community hospital
1049	66436	Good	Not really changing much	OBG			Bring obstetrics back to hospital
1051		Good	Increasing - moving up	OBG			we need ob services at the hospital to deliver babies
1054	66436	Good	Increasing - moving up	OBG			continue efforts to recruit ob provider[s].
1108	66436	Good	Increasing - moving up	OBG			Birthing at HCH!
1024		Good	Increasing - moving up	ORTH			Bone density tests available again
1011	66436	Very Good	Increasing - moving up	OTHR	OBG		We need to be able to accommodate the immigrant population much better. Delivering babies would be a huge plus, too.

CHNA 2018 Community Feedback - Jackson Co KS N=110							
ID	**Zip**	**Overall**	**Movement**	**c1**	**c2**	**c3**	**In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?**
1030	66436	Good	Increasing - moving up	OTHR			MRI trailer should be parked out of the weather
1080	66416	Good	Increasing - moving up	PAIN	BH		pain management and psych care
1036	66516	Good	Increasing - moving up	PEDS	SPEC	TELE	pediatric specialty. For kids that need specialists it often times requires a full day out of school to make the drive to Kansas City. I'd be open to telemedicine if my first visit was face to face with the specialist. Endocrinology, Psych/mental health, neurology, oncology
1063	66436	Very Good	Increasing - moving up	PHY	OBG		More sports medicine, outpatient offerings, and baby delivery is needed.
1059	66610	Average	Not really changing much	POV			Care for the less fortunate is becoming more of a challenge with fewer providers being willing to participate.
1076		Good	Not really changing much	QUAL			Friendlier service at the Holton Clinic.
1088	66619	Good	Not really changing much	QUAL			Need to change community's view of our hospital. I believe many feel like the services are subpar when actually they are competitive to surrounding communities. I feel that many focus on appearence of hospital and not quality of care given. Yes
1106	66436	Good	Not really changing much	REC			Public year round swimming pool for exercise.
1071	66436	Average	Not really changing much	SNUR			More connections with area schools.
1006	66509	Very Good	Increasing - moving up	SPEC	ACC		More choices of specialty doctors and/or GP's that specialize in certain fields.
1065	66539	Very Good	Increasing - moving up	SURG			It would be wonderful if a surgeon could be recruited for the area
1082	66436	Good	Not really changing much	SURG			Better general surgeon if we want people to have surgeries at the hospital.
1002	66509	Good	Not really changing much	TRAN	NH	ASLV	transportation to health care services, local nursing home could be improved as to appearance, need more available senior living options for those who don't meet low income guidelines. Restore OB services at the local hospital
1058	66419	Good	Not really changing much	TRAN			Transportation to medical appointments. Very limited public transportation in the county
1067	66436	Average	Not really changing much	TRAN			Get up to date on your protocols within the hospital. There is absolutely no sense in transferring out a number of the patients you do. For example, look into the protocols on chest pain, pneumonia, and like diagnoses at larger facilities (within the ED) for proper treatment. There is no sense in transferring a pt with normal EKG, normal enzymes. Repeat EKG and enzymes in 3 hours, and if they remain normal and chest pain has subsided, pt may be discharged home with instruction to f/u with their primary care. This is just one example of many that prove habitual within HCH.
1070	66436	Very Good	Not really changing much	TRAN			The only thing that has been a large issue for most people that I have spoken to, including myself is transportation to doctors and hospital.
1084		Average	Not really changing much	TRAN			Rides to appointments
1089	66436	Good	Not really changing much	TRAN			Transportation for individuals. More providers that speak Spanish.
1097		Good	Increasing - moving up	TRAN			Increased access to transportation for healthcare
1060	66419	Average	Decreasing - slipping downward	URG	NUTR		24 hour urgent care would be very beneficial to our community. Also a nutrition program for teaching kids (and parents) how to eat properly.
1026	66436	Average	Not really changing much	WAIT			getting patients seen in a timely manner.
1042	66436	Very Good	Increasing - moving up	WELL			wellness programs

CHNA 2018 Community Feedback - Jackson Co KS N=110							
ID	**Zip**	**Overall**	**Movement**	**c1**	**c2**	**c3**	**What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?**
1095	66436	Good	Not really changing much	ACC	OBES		addressing non-citizen immigrants and their lack of health care resources obesity prevention/treatment
1031		Very Good	Increasing - moving up	ACC			Those not provided can be found within just a few miles.
1080	66416	Good	Increasing - moving up	BH	AGE	TRAN	assistance (meds, transportation). I also think some form of public transportation would be very helpful.
1001	66436	Good	Increasing - moving up	BH	ALCU		Mental health issues need to be addressed. Also need to work to provide programs/things for teens to do. We keep chasing them away from the square, are no longer allowed to be in the school parking lot. We are forcing them to drink more as there is nothing for them to do and some parents just do not care
1024		Good	Increasing - moving up	BH	WELL		mental health/wellness education
1005	66419	Very Good	Increasing - moving up	BH			Mental health issues for children and youth.
1011	66436	Very Good	Increasing - moving up	BH			WE NEED MENTAL HEALTH CARE AVAILABILITY, not video diagnosing, etc.
1013	66436	Good	Increasing - moving up	BH			Mental health services
1016	66436	Good	Increasing - moving up	BH			mental health
1046	66436	Good	Not really changing much	BH			More access to mental health programs, as well as a language barrier program to help support our latino/Hispanic communities
1048	66436	Good	Not really changing much	BH			Maybe do some more partnerships or something for mental health such as Valeo or stormont vail west
1057	66436	Good	Not really changing much	BH			i think mental health is a big concern and little resources available or known to those in need.
1069	66621	Very Good	Increasing - moving up	BH			MORE MENTAL HEALTH
1071	66436	Average	Not really changing much	BH			Mental Health-with the schools.
1079		Good	Increasing - moving up	COMM			Can't think of any. Always time and money saving to collaborate with others.
1058	66419	Good	Not really changing much	CORP	BH	INSU	Need more collaboration among ALL providers in the community. There is still stiff competition among the entities, interfering with their ability to work together. Suggest working on how best to deliver behavioral health services, and meet the healthcare needs of the uninsured and under insured.
1041	66060	Good	Increasing - moving up	CORP			Community education Improved partnership in community health with all community healthcare providers
1078	66436	Average	Increasing - moving up	CORP			Look to partner with other health care provider facilities with current programs that our community would like to add / gain.
1037		Very Good	Not really changing much	DOCS	COMM		Talk to your doctors, they see many patients every day and know what is needed.
1064	66436	Average	Decreasing - slipping downward	DRUG	BH	VIO	Drug addiction and mental health treatment clinics as well as an increase in Domestic Violence awareness and intervention training.
1010	66416	Good	Not really changing much	DRUG			Get the message across to kids in school about drugs. Don't sugar coat it. There are also too many parents doing drugs and their kids are watching this behavior.
1015	66436	Good	Increasing - moving up	DRUG			Substance abuse counseling
1065	66539	Very Good	Increasing - moving up	DRUG			State opioid addiction program
1104	66436	Good	Decreasing - slipping downward	FINA			Price transparency--keep a list of what services cost and where?
1106	66436	Good	Not really changing much	FIT	REC		we have fitness centers available in our area but it would be good to incorporate a swimming facility that can be used year round in the town.
1018	66436	Good	Not really changing much	FIT			More affordable fitness facilities
1090	66436	Good	Increasing - moving up	LAB			Partner with Dr. Lassey's clinic and provide low cost imaging to cash pay patients.
1033	66436	Very Good	Increasing - moving up	MRKT			We have good programs just need more advertising and awareness
1086	66436	Good	Not really changing much	MRKT			Not sure what is available.
1102	66436	Poor	Decreasing - slipping downward	NO			Unsure
1060	66419	Average	Decreasing - slipping downward	NUTR	FIT		Nutrition and exercise programs. Teaching kids how to eat proper nutritious diets and exercise more.
1089	66436	Good	Not really changing much	OBES	BH	TRAN	Obesity reduction programs. Increased assistance/providers for mental health services. Transportation to medical appointments.
1101	66436	Good	Increasing - moving up	OBES	NUTR	CHRON	I think trying to continue to battle the obesity crisis by providing nutrition/wellness/exercise education to the community is vital. Obesity contributes to many chronic illnesses including diabetes, hypertension, hyperlipidemia, heart disease, and end organ damage. Creating community wellness programs or community wellness events (5Ks walk/run, mud runs, Sports [volleyball, kickball] tournaments, healthy cooking classes) can promote wellness to community and be fun for the whole family! Partnering with the city, parks and rec, local restaurants or grocery store can help attain these goals.
1045	66416	Average	Not really changing much	OBG	BH		We need OB Care in our community. We need help with language barriers. We need mental health help available and made known to our community.
1083	66436	Very Good	Not really changing much	OBG	BH		OB, mental health,
1067	66436	Average	Not really changing much	OBG	DIAB		More frequent OB services. Diabetic education.

CHNA 2018 Community Feedback - Jackson Co KS N=110							
ID	**Zip**	**Overall**	**Movement**	**c1**	**c2**	**c3**	**What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?**
1049	66436	Good	Not really changing much	OBG	EYE		Not sure on new but bring back labor/delivery and an eye dr for cataract surgeries
1027	66436	Good	Increasing - moving up	OBG	PNEO	DIAB	OB services parenting classes prenatal classes diabetes classes
1108	66436	Good	Increasing - moving up	OBG			Obgyn
1029	66440	Very Good	Not really changing much	OP	OBES		outpatient education about obesity and the effects of it on the body causing CAD; DM; ect
1021	66436	Good	Not really changing much	PSY			It would be great to have access to a psychiatrist at the hospital outpatient clinic.
1082	66436	Good	Not really changing much	QUAL			Get better at what we are already doing
1036	66516	Good	Increasing - moving up	SUIC	PREV	WELL	public "stop the bleed trainings" be as often/accessible as CPR trainings. suicide prevention various businesses (and schools) partner with medical providers for focus on prevention and education
1070	66436	Very Good	Not really changing much	TRAN			Transportation to and from doctors appointments. Individuals will go to the doctor more often and take their children more often if it were easier to get to for those without transportation to and from the offices.
1047	66550	Good	Not really changing much	WELL	DIAB		Screening all children at wellness checks for Type 1 diabetes
1059	66610	Average	Not really changing much	WELL	PREV		Education programs to help more patients understand the importance of prevention and proactive measures to help patients stay on top of their health as opposed to being reactive.
1012	66436	Very Good	Increasing - moving up	WELL			Community health fair- provide low or no cost blood tests and for patients.
1028	66436	Very Good	Increasing - moving up	WELL			I'm not sure. I think there is always room for added education.
1042	66436	Very Good	Increasing - moving up	WELL			wellness target younger populations
1063	66436	Very Good	Increasing - moving up	WELL			More "early prevention and wellness" programs.

Community Health Needs Assessment 2018 -Jackson County KS

Let Your Voice Be Heard!

Healthy Living Task Force (in partner ship with Holton Community Hospital & Jackson County Public Health) requests your input in order to create a 2018-19 Jackson County (KS) Community Health Needs Assessment (CHNA). To collect "up to date" community feedback, a short online survey has been created to uncover any current community health issues and evaluate local health delivery. Survey funded by Holton Community Hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, October 26, 2018.

Community Health Needs Assessment 2018 -Jackson County KS

1. in your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

◯ Very Poor ◯ Poor ◯ Average ◯ Good ◯ Very Good

Community Health Needs Assessment 2018 -Jackson County KS

2. When considering "overall community health quality", is it ...

◯ Increasing - moving up

◯ Decreasing - slipping downward

◯ Not really changing much

Why? (please specify)

Community Health Needs Assessment 2018 -Jackson County KS

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

Community Health Needs Assessment 2018 -Jackson County KS

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

Community Health Needs Assessment 2018 -Jackson County KS

5. From past health assessments of our community, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- [ ] Cancer
- [ ] Diabetes
- [ ] Heart Disease
- [ ] Language Barrier
- [ ] Mental Health Access
- [ ] Obesity
- [ ] Poverty

Community Health Needs Assessment 2018 -Jackson County KS

6. Which past health assessment of our community need is NOW the "most pressing" for improvement? Please Select Top Three.

- [ ] Cancer
- [ ] Diabetes
- [ ] Heart Disease
- [ ] Language Barrier
- [ ] Mental Health Access
- [ ] Obesity
- [ ] Poverty

Community Health Needs Assessment 2018 -Jackson County KS

7. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

- [ ] Health & wellness education
- [ ] Chronic disease prevention
- [ ] Limited access to mental health assistance
- [ ] Case management assistance
- [ ] Elder assistance programs
- [ ] Family assistance programs
- [ ] Awareness of existing local programs, providers, and services
- [ ] Finance, Insurance coverage

Other (please specify)

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8. 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	○	○	○	○	○

9. How would our community area residents rate each of the following health services? Con't

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	○	○	○	○	○
Mental Health	○	○	○	○	○
Nursing Home	○	○	○	○	○
Outpatient Services	○	○	○	○	○
Pharmacy	○	○	○	○	○
Physician Clinics	○	○	○	○	○
Public Health	○	○	○	○	○
School Nurse	○	○	○	○	○
Specialists/Medical Providers	○	○	○	○	○

10. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Early Childhood Development Programs	○	○	○	○	○
Emergency Preparedness	○	○	○	○	○
Food and Nutrition Services/Education	○	○	○	○	○
Poverty/Financial HEalth	○	○	○	○	○
Health Screenings (such as asthma, hearing, vision, wellness)	○	○	○	○	○
Immunization Programs	○	○	○	○	○
Obesity Prevention & Treatment	○	○	○	○	○

11. Community Health Readiness is vital. How would you rate each of the following? Continue

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	○	○	○	○	○
Prenatal / Child Health Programs	○	○	○	○	○
Sexually Transmitted Disease Testing	○	○	○	○	○
Substance Use Treatment & Education	○	○	○	○	○
Tobacco Prevention & Cessation Programs	○	○	○	○	○
Violence Prevention	○	○	○	○	○
Women's Wellness Programs	○	○	○	○	○
WIC Nutrition Program	○	○	○	○	○

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12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

○ Yes

○ No

○ I don't know

If YES, please specify the healthcare services received.

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13. Are our healthcare organizations, providers and community members actively working together to address/improve health in our community?

- ◯ Yes
- ◯ No
- ◯ I don't know

Please explain

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14. What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?

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15. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? (Please select all that apply.)

- ☐ Abuse/Violence
- ☐ Alcohol
- ☐ Breast Feeding Friendly Workplace
- ☐ Cancer
- ☐ Diabetes
- ☐ Drugs/Substance Abuse
- ☐ Family Planning
- ☐ Heart Disease
- ☐ Lead Exposure
- ☐ Mental Illness
- ☐ Nutrition/Access to Food
- ☐ Obesity
- ☐ Environmental health
- ☐ Physical Exercise
- ☐ Poverty
- ☐ Lung Disease
- ☐ Sexually Transmitted Diseases
- ☐ Smoke-Free Workplace
- ☐ Suicide
- ☐ Teen Pregnancy
- ☐ Tobacco Use
- ☐ Vaccinations
- ☐ Water Quality
- ☐ Wellness Education
- ☐ N/A
- ☐ Infant Deaths
- ☐ Traffic Safety

Other (please specify)

16. For reporting purposes, are you involved in or are you a .... ? (Please select all that apply.)

- [ ] Business / Merchant
- [ ] Community Board Member
- [ ] Case Manager / Discharge Planner
- [ ] Clergy
- [ ] College / University
- [ ] Consumer Advocate
- [ ] Dentist / Eye Doctor / Chiropractor
- [ ] Elected Official - City/County
- [ ] EMS / Emergency
- [ ] Farmer / Rancher
- [ ] Hospital / Health Dept
- [ ] Housing / Builder
- [ ] Insurance
- [ ] Labor
- [ ] Law Enforcement
- [ ] Mental Health
- [ ] Other Health Professional
- [ ] Parent / Caregiver
- [ ] Pharmacy / Clinic
- [ ] Media (Paper/TV/Radio)
- [ ] Senior Care
- [ ] Teacher / School Admin
- [ ] Veteran
- [ ] Unemployed

Other (please specify)

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17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305

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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