Community Health Needs Assessment

Jackson County, KS

On Behalf of Holton Community Hospital

January 2022

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

I. Executive Summary

Holton Community Hospital – Jackson County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Jackson County was completed in 2018. (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 #4 Jackson County, KS CHNA assessment began in March of 2021 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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 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. **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.

County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

Jackson County KS
2021 CHNA Priorities - Unmet Needs
CHNA Wave #4 Town Hall - Nov 18, 2021
Primary Service Area (27 Attendees / 96 Total Votes)

#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Awareness of HC Services	16	16.7%	17%
2	Mental Health (Diagnosis, Placement, Aftercare, Providers)	15	15.6%	32%
3	Teen Health (Education)	12	12.5%	45%
4	Adequate Housing	9	9.4%	54%
5	Drug / Substance Abuse	9	9.4%	64%
6	Child Care (under 18M)	8	8.3%	72%
7	Obesity (Nutrition / Exercise)	6	6.3%	78%
8	Dental Services taking Medicaid	5	5.2%	83%
	Total Votes	96	100%	

Other needs receiving votes: Uninsured/underinsured, Smoking/Vaping, Suicide, Available Workforse, Language Barrier and Maternal - Local Delivery

Town Hall CHNA Findings: Areas of Strengths

Jackson Co. (KS) - "Community Health Strengths"			
#	**Topic**	#	**Topic**
1	Hospital Services & Providers	6	Hospital Accessibility
2	Schools / Education	7	Public Transportation
3	First Responders	8	Access to Food (Free Options)
4	Health Department	9	Senior Center / Programs
5	Local Mental Health Clinic	10	Connectedness as a Community

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2021 Robert Woods Jackson County Health Rankings, Jackson County, KS Average was ranked 30th in Health Outcomes, 63rd in Health Factors, and 57th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Jackson County's population is 13,171 (based on 2019), with a population per square mile of approximately 20.5 persons. About sever percent (6.8%) of the population is under the age of 5, while the population that is over 65 years old is 19.4%. As of 2019, 3.1% of citizens speak a language other than English in their home. Children in single parent households make up a total of 23.0% compared to the rural norm of 16.8%, and 86.8% are living in the same house as one year ago.

TAB 2. In Jackson County, the average per capita income is $29,558 while 10.9% of the population is in poverty. The severe housing problem was recorded at 10.6% compared to the rural norm of 10.7%. Those with food insecurity in Jackson County is 12.2%, and those having limited access to healthy foods (store) is 4.6%. Individuals recorded as having a long commute while driving alone is 39.4% compared to the norm of 26.0%.

TAB 3. Children eligible for a free or reduced-price lunch in Jackson County is 41.4%. Roughly ninety-one percent (91.2%) of students graduated high school compared to the rural norm of 88.7%, and 21.4% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 73.5% and 6.0% of births in Jackson County have a low birth weight. Continually, 79.1% (compared to 76.5% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported smoking during pregnancy is 12.2% compared to the rural norm of 11.6%.

TAB 5. The Jackson County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 1,476 residents. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is only 83.0%, while 82.0% of patients reported Yes, They Would Definitely Recommend the Hospital. The average (median) time patients spend in the emergency department before leaving was 102 minutes compared to the rural norm of 109.2 minutes.

TAB 6. In Jackson County, 19.4% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 39.6%. The average mentally unhealthy days last reported (2020) is 4.6 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 15.9.

TAB 7a – 7b. Jackson County has an obesity percentage of 38.3% and a physical inactivity percentage is 25.5%. The percentage of adults who smoke is 20.9%, while the excessive drinking percentage is 19.5%. The Medicare hypertension percentage is 51.5%, while their heart failure percentage is 15.1%. Those with chronic kidney disease amongst the Medicare population is 23.0% compared to the rural norm of 18.6%. The percentage of individuals who were recorded with COPD was 12.3%. Jackson County recorded roughly seven percent of those having cancer (7.4%) among their Medicare population and 2.5% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Jackson County is 10.1% (based on 2019) compared to the rural norm of only 13.0%.

TAB 9. The life expectancy rate in Jackson County is seventy-eight years of age (77.9) for the entire general population in Jackson County. Alcohol-impaired driving deaths for Jackson County is 25.0% while age-adjusted Cancer Mortality rate per 100,000 is 128.9. The age-adjusted heart disease mortality rate per 100,000 is at 224.2.

TAB 10. A recorded forty-nine percent of Jackson County has access to exercise opportunities. Those reported having diabetes is 14.7%. Continually, forty-six of women in Jackson County seek annual mammography screenings compared to the rural norm of 45.8%. Adults who reported having visited a doctor for a routine check-up within the past year is 75.5% compared to the rural norm of 75.2%

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=170) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Jackson County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 82.9%.
- Jackson County stakeholders are satisfied with some of the following services: Ambulance Services, Chiropractors, Dentists, Emergency Room, Optometry, Home Health, Hospice, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, Public Health, School Health, and Visiting Specialists, .
- When considering past CHNA needs, the following topics came up as the most pressing: Behavioral / Mental Health, Drug / Substance Abuse, Affordable Senior Housing, Poverty, Language Barriers, and Obesity.

Jackson Co KS - CHNA YR 2021					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Behavioral / Mental Health	80	13.8%		1
2	Drug / Substance Abuse	67	11.5%		2
3	Language Barriers	46	7.9%		5
4	Obesity	44	7.6%		6
5	Transportation	44	7.6%		7
6	Poverty	42	7.2%		4
7	Affordable Senior Housing	38	6.5%		3
8	OB Services	35	6.0%		8
9	Economic Development	31	5.3%		10
10	Awareness of Healthcare Services	30	5.2%		11
11	Food Insecurity	30	5.2%		14
12	Domestic Violence	27	4.6%		13
13	Visiting Specialists	25	4.3%		12
14	Preventative Health Education	22	3.8%		9
15	Cancer	20	3.4%		15
	Totals	581	100.0%		

II. Methodology

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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 that 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 who 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.).

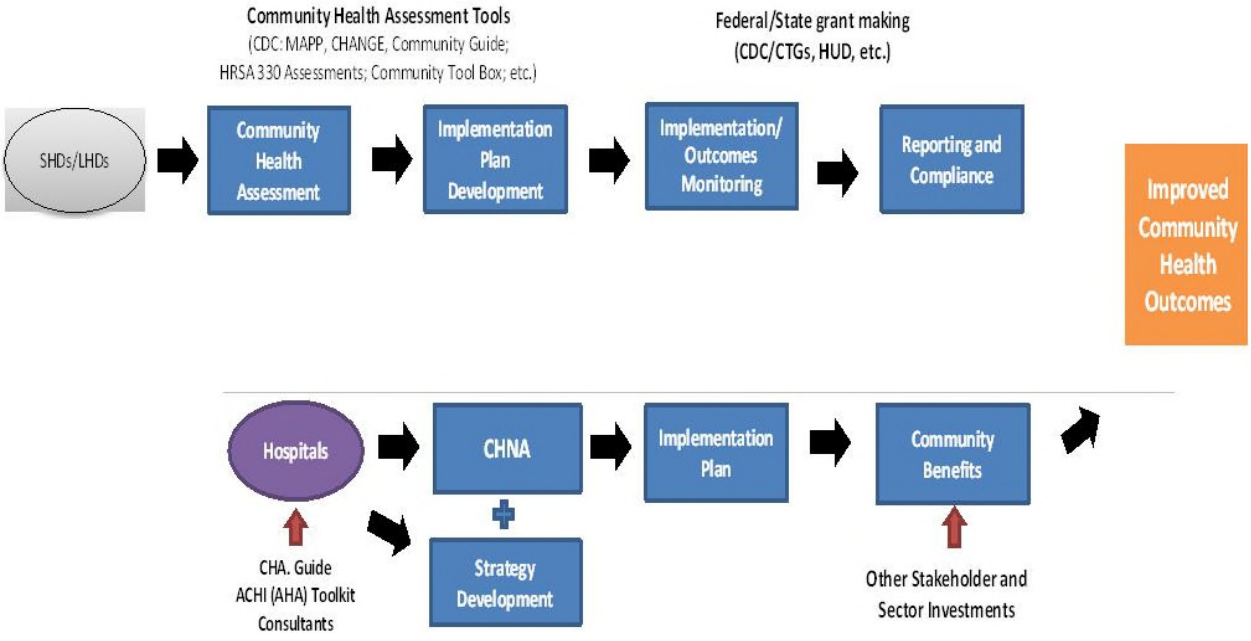
JOB #2: Making a CHNA Widely Available to the Public

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 Requirements Overview (Notice 2011-52)

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 complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

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 Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input
In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports
A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies
As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy
An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body.· This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations
An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of:The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or · The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities
A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities
A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

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

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.

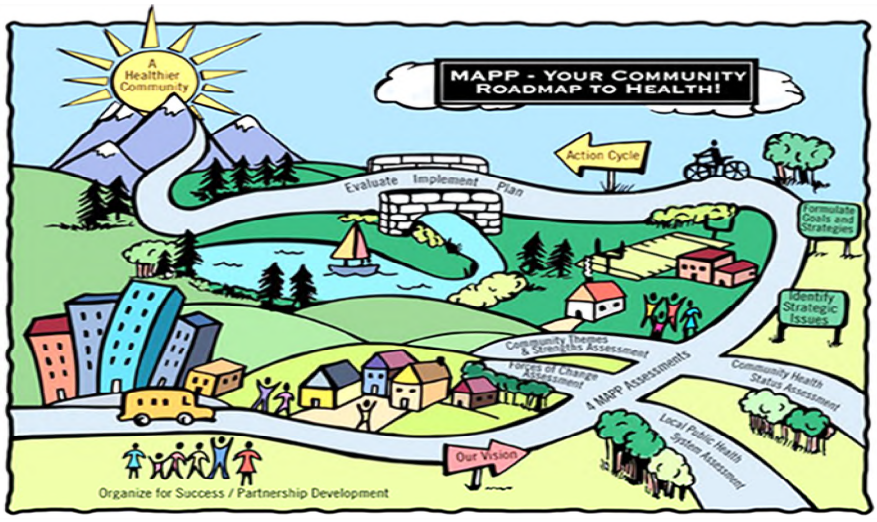
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.

3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).

4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.

5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).

6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from PHABexternal icon and CDC.

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; National Public Health Improvement Initiative (NPHII); Community Transformation Grants or REACH Core

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works. Jones and Bartlett, 2009,* as adapted in *Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0* Cdc-pdf[PDF – 536KB]External, July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs." Catholic Health Association, *Guide to Assessing and Addressing Community Health Needs* Cdc-pdf[PDF-1.5MB]External, June 2013.

Social Determinants of Health

What Are Social Determinants of Health?

Social determinants of health (SDOH)external icon are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

Healthy People 2030external icon includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the 10 Essential Public Health Services, public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

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

HOLTON COMMUNITY HOSPITAL

Holton Community Hospital & Holton Family Medicine List of Services

HOLTON FAMILY MEDICINE

Primary Care Medicine

- **3 – Rural Health Clinics**
  - **Holton Family Medicine**
    - 6 MD's
      Dr. Colberg, Dr. Hutchins, Dr. Engelken, Dr. Petry, Dr. Schmidt, Dr. Warner
    - 1 Physician Assistant
      Bill Kinkade
    - 3 APRN's
      Jill Collins, DeAnna Goff, Kaylie Zimmerman
  - **Hoyt Family Medicine**
    - 1 APRN – Jamie Stuke
    - Dr. Engelken also goes to Hoyt on Wednesdays
  - **Wetmore Family Medicine**
    - 1 APRN – Ashley Reinecke
    - Dr. Petry also goes to Wetmore 1 day every other week
    - DOL Physicals out of this location

Senior Life Solutions

- Intense Outpatient Group Counseling Services
- Designed to meet the unique needs of older adults over the age of 65 struggling with depression and anxiety often related to aging

Cardiovascular Services

- Cardiac Rehab – Phase II
- Supervised Exercise Therapy for Peripheral Vascular Disease or "SET"
- Wellness Exercise Program
- Stress Testing including Nuclear Imagining Stress Tests
- EKG's
- Holter Monitors
- Out-Patient Cardiology Clinic's
- Diabetic Education
- Pulmonary Function Testing
- Exercise and Nocturnal Oximetry Testing

Laboratory

- Clinical Laboratory Testing
  - Blood Banking
  - Chemistry
  - Coagulation Studies
  - Drug Screening
  - Hematology
  - Immuno-Serology (for example: testing for Mono)
- Pathology Testing
  - Many more

Nursing

- Acute Care Services
  - Outpatient and inpatient care for pediatrics to geriatrics
- ER Services
  - 24/7 Emergency Service Access
  - All RN's provide each patient with a medical screening exam to quickly assess the patient and get them the services they need based on a triage level.
  - Have protocols in place that allow for quick, standardized care that is scientifically based.
    - Chest pain Protocol
    - Stroke Protocol
    - Trauma Protocol
  - All of the nurses have multiple certifications which provide them with a wide variety of training for all patient needs
- Swing Bed Services
  - This is for patients who need additional rehab or skilled services prior to being discharged back to their home.
- Treatment Room
  - Outpatient services that can be scheduled to meet patients' needs
    - Dressing Changes
    - IV Medication Infusions

Home Health & Hospice

- **Home Health**
  - Skilled nursing care, physical, occupational, and speech therapy services if you are unable to leave home for care.
  - Wound care, medication management, diabetic education, rehabilitation needs, as well as needs arising from worsening chronic illnesses.
- **Hospice**
  - End of Life Care where the attempt is made to maximize the quality of life when the quantity of life cannot be extended. They provide end-of-life care and support to the patient, their loved-one and family.

Surgical & Specialty Clinic Services

Specialty Doctors

- Advanced Wound Healing
  - Ashley Reinecke, APRN
- Cardiology
  - Dr. Birkbeck
  - Dr. Joliff
  - Dr. Kastner
  - Dr. Mamidipally
- Dermatology
  - Buthorne
- Dietician
  - Terri Umscheid
- Ear, Nose, Throat (ENT)
  - Dr. Meyers
- Gastroenterology
  - Dr. Schlachter
  - Dr. Thesing
  - Dr. Cornette
- General Surgery
  - Dr. Brown
  - Dr. Hartman
- OB/Gyn
  - Dr. Cobb
  - Dr. Trobough
- Orthopedics
  - Dr. Kitchen
  - Dr. Lintecum
- Pain Managmenet
  - Dr. Sankoorikal
  - Roger Moss CRNA
  - Mike Roth CRNA
- Podiatry
  - Dr. Hobbs
- Rhuematology
  - Dr. Latinis
- Urology
  - Dr. Carlson
- Wound Care
  - Ashley Reinecke APRN

Surgeries

- ACL Repair
- Amputations
- Bowel Resection
- Breast Biopsy
- Bunionectomy
- Carpal Tunnel
- Circumcision
- Colonoscopy and EGD
- Cystoscopy
- Ear Tubes
- Endoscopic Sinus Surgery
- Hammer Toe
- Hemorrhoid
- Hernia Repair-Umbilical, Inguinal and Ventral
- Hip – total repair/replacement
- Incision and Drainage of wounds
- Infusaport Insertion
- Knee Arthroscopy
- Knee – total repair/replacement
- Laparoscopic Gallbladder
- Limited Plastic Surgery
- Lesion Removal
- Morton's neuroma
- Open Reduction Internal Fixations
- PD Catheterizations
- Rotator Cuff Repair
- T & A
- Tear Duct Probe
- Trigger Finger
- Ulnar Nerve Transplant
- Vasectomy
- And more….

Rehabilitation

- Occupational Therapy 1 Registered Occupational Therapists, 2 Certified Occupational Therapist Assistants
  - Electrical Stimulation
  - Fluidotheraphy
  - Hand Rehabiliation
  - Home Safety Evaluations
  - Infrared Therapy for pain reduction and increased circulation
  - Inpatient and Outpatient Rehab
  - Iontophoresis for pain reduction
  - Low Vision Evaluations
  - Lymphedema Program
  - Paraffin Bath
  - Provide Ongoing Arthritis Foundation Exercise Program Classes at Jackson County Senior Citizens Center
  - Service Local surrounding hospitals under contract
  - Service Local-Vintage Park
  - Service Holton Community Hospital Home Health and Hospice, and other local agencies
  - Splint Fabrication
  - Stroke Rehabilitation
  - Ultrasound for pain reduction and increased circulation
  - Vasopneumatic Compression
  - Wheelchair Seating and Positioning

- Physical Therapy 8 Certified Physical Therapist Assistants, 2 Registered Physical Therapists
  - ASTYM
  - Balance Retraining
  - Community Education Services (Lions Club, Pilot Club, etc.)
  - Electrical Stimulation
  - Gait Training
  - General Exercise Strengthening Programs
  - Infrared Therapy for wound care, pain reduction, and increased circulation
  - Inpatient and outpatient Rehab
  - Iontophoresis for pain reduction
  - Massages and Manual Therapy
  - Neck and Back Traction
  - Orthopedic Rehabilitation (i.e. post knee replacement, rotator cuff repairs, etc.)
  - Provide ongoing Arthritis Foundation Exercise Program classes at Jackson County Senior Citizens Center
  - Service Local Surrounding hospitals under contract
  - Service Local (Vintage Park)
  - Service Holton Community Hospital Home Health and Hospice and other local agencies
  - Sport Injury Rehabilitation
  - Stroke Rehabilitation
  - Ultrasound for pain reduction and increased circulation
  - Vasopneumatic Compression
  - Vertigo Rehabilitation
  - Wound Care Clinic

- Speech Therapy Licensed Speech Language Pathologist (Contract Services)
  - Articulation and Phonology Treatment
  - Cognitive Therapy
  - Dysarthria (weakness of facial musculature)
  - Dysphagia (difficulty swallowing) rehabilitation
  - Expressive and Receptive language treatment
  - Head Injuries
  - Inpatient and Outpatient Rehab
  - Pediatrics
  - Service Local Nursing Homes and Vintage Park
  - Stroke Rehabilitation
  - Video Swallows down at Holton Community Hospital Radiology
  - Voice Rehabilitation

Radiology

- 24/7 coverage for X-ray, CT and Ultrasound services
- Bone Density Exams
- CT Scans
- Fluoro- Done with a Radiologist present on Tuesdays (set time) and Thursdays (on call basis)
    - Barium Enema
    - Barium Swallow
    - HSG (hysterosalpingogram for infertility/sterilization confirmation)
    - Video Dysphagia
    - Voiding Cystogram
    - Injections
- Digital Mammography- Screening and Diagnostic (offered on weekdays by appointment)
- MRI - Mobile unit that comes on Mondays (on call basis) and Thursday (set appointment times)
    - Spine
    - Brain
    - Joints (Shoulder, Knee, Ankle, Wrist, Hip, Arthrograms etc.)
    - Non-Joints (Hand, Foot, Tib/Fib, etc.)
    - MR Angiograms to assess carotid and/or brain circulation
- Nuclear Medicine – M-F
    - Cardiac
    - Bone scans (Whole Body or Specific Area)
    - Gastric Emptying
    - Gallbladder Function
    -
- Ultrasound- M-F & emergent as staffing allows
    - Abdomen
    - Arterial Studies
    - Breast
        - Guidance for Breast Biopsy or Cyst Aspiration
    - Carotid Doppler
    - Echocardiogram (Heart)
    - Kidney and Bladder
    - OB (1st, 2nd & 3rd trimester, Bio-physical profiles)
    - Guidance for Paracentesis or Thoracentesis (drainage of fluid from the abdominal or chest cavity)
    - Pelvis (including Endovaginal/Transvaginal)
    - Scrotal
    - Thyroid
        - Guidance for Thyroid Biopsy/Fine Needle Aspiration
    - Trans Rectal (Prostate Scan)
        - Guidance for Prostate Biopsy
    - Venous Studies (to evaluate for DVT/blood clot)

Social Services/Patient Care Coordination

- Advance directives for Medical Decision
- Assistance in filling out Medicaid/Sobra applications
- Utilization Review
- Assists in following up on Medicaid applications
- Coordinates CARE assessments for patients going to a nursing home facility
- Delivers patients' mail
- Discharge planning
- Durable Power of Attorney documents completion (inc. notarization and extra copies)Facilitates meetings with patients, families, staff and physician.
- Follow-Up on social work consults from physicians
- Medical Equipment new/loaner resource
- Placement referrals
- Referrals to community resources (i.e Meals on Wheels, WIC, Low cost housing)
- Visits patients to assess needs

Jackson County Health Department

Northeast Kansas Multi County Health Department

P.O. Box 182

Hiawatha, KS 66434

Office 785-742-7192

Chief Operations Officer: Kristina Romine

kromine@nekmulticounty.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 601 N. Mahaffie, Olathe, KS 66061 (913) 302-7264

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com

Vince Vandehaar, MBA – Principal
VVV Consultants LLC – *start 1/1/09 **
- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

Cassandra Kahl, BHS MHA – Director, Project Management
VVV Consultants LLC – *Nov 2020*
- University of Kansas – Health Sciences (BHS)
  - Park University - Masters of Health Administration (MHA)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI

VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :

"Community" – Industry engagement…membership AMA KC, ACHE, EPBA, Forum and SHSMD.
"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.
"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.
"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!
"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in March of 2021 for Holton Community Hospital (HCH) located in Jackson County, KS to meet Federal IRS CHNA requirements.

In late July 2021, a meeting was called amongst the Holton Community Hospital leaders to review CHNA collaborative options. <Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps.> Outcomes from discussion led to the Holton Community Hospital to request 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:

Holton Community Hospital - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-20		67,052	Totals - IP/OP		274	206	135	22,546	23,186	20,705
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
66436-Holton, KS	Jackson	32,902	49.1%	48.6%	183	126	71	11,386	11,307	9,829
66509-Mayetta, KS	Jackson	6,116	9.1%	57.7%	14	13	15	1962	2093	2019
66440-Hoyt, KS	Jackson	3,064	4.6%	62.3%	5	9	2	1032	1075	941
66550-Wetmore, KS	Nemaha	2,801	4.2%	66.5%	10	8	6	989	972	816
66439-Horton, KS	Brown	2,234	3.3%	69.8%	6	5	12	522	834	855
66516-Netawaka, KS	Jackson	1,913	2.9%	72.7%	8	7	6	663	708	521
66552-Whiting, KS	Jackson	1839	2.7%	75.4%	1	7	3	667	633	528
66416-Circleville, KS	Jackson	1778	2.7%	78.1%	9	6	4	610	614	535
66540-Soldier, KS	Jackson	1553	2.3%	80.4%	10	3	2	592	552	394

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 valid health indicator sources cited to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

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 unmet health needs was administered.

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

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

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 & Report Community Health Published Facts. Gather data health practice data from*** **published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.**
Step # 4a Primary Research - Town Hall prep	***Collect Community Opinions. (Quantitative Research).*** **Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.**
Step # 4b Primary Research - Conduct Town Hall	***Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary & Primary Data findings. Facilatate community conversation to build consensus; discuss*** **opinions / identify health needs.**
Steps # 5 Reporting	***Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health).*** **< Note: Formal report will follow IRS Notice 2011-52 regs & PHAB requirements. >**
VVV Consultants, LLC Olathe, KS 913 302-7264	

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for Disease Control and Prevention

Sources of community-health level indicators:

- County Health Rankings and Roadmaps
  The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- Prevention Status Reports (PSRs)
  The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- Behavioral Risk Factor Surveillance System
  The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The Selected Metropolitan/ Micropolitan Area Risk Trends project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- CDC Wonder Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- Center for Applied Research and Engagement Systems external icon
  Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- Community Commons external icon
  Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- Dartmouth Atlas of Health Care external icon
  Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- Disability and Health Data System
  Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- Heart Disease and Stroke Prevention's Data Trends & Maps
  View health indicators related to heart disease and stroke prevention by location or health indicator.
- National Health Indicators Warehouse external icon
  Indicators categorized by topic, geography, and initiative.
- US Census Bureau external icon
  Key source for population, housing, economic, and geographic information.
- US Food Environment Atlas external icon
  Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon
  Research, statistics, data, and systems.
- Environmental Public Health Tracking Network
  System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- Health Research and Services Administration Data Warehouse external icon
  Research, statistics, data, and systems.
- *Healthy People 2030* Leading Health Indicators external icon
  Twenty-six leading health indicators organized under 12 topics.
- Kids Count external icon
  Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a mobile site external icon.
- National Center for Health Statistics
  Statistical information to guide actions and policies.
- Pregnancy Risk Assessment and Monitoring System
  State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- Web-based Injury Statistics Query and Reporting System (WISQARS)
  Interactive database system with customized reports of injury-related data.
- Youth Risk Behavior Surveillance System
  Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

Holton Community Hospital - Jackson Co.

VVV CHNA Wave #4 Work Plan - Year 2021

Project Timeline & Roles - Working Draft as of 6/17/21

Step	Timeframe	Lead	Task
1	6/1/2021	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	7/1/2021	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	8/27/2021	VVV	Send out **REQCommInvite Excel** file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	8/30/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use **ZipPSA_3yrPOrigin.xls**)
5	On or Before 9/7/21	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Aug. - Sept. 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	9/9/2021	VVV / Hosp	Prepare/send out PR #1 story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 9/09/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	9/14/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 10/14/2021 for Online Survey**
10	By 10/21/2021	Hosp	Prepare/send out Email #2 for Community TOWN HALL invite letter and send out to send to stakeholders. VVV will mock up Email draft to release.
11	10/21/2021	VVV / Hosp	Place PR #2 story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	11/15/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**November 18th, 2021**	VVV	Conduct CHNA Town Hall. Dinner **11:30-1pm (location TBD).** Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 1/15/2022	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 01/30/2022	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 1/30/2022	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

Community Health Needs Assessment Town Hall Meeting – Jackson Co. (KS)

on behalf of Holton Community Hospital

VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

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Safe Table Seating Assignments

Table Assignments - 2021 CHNA Town Hall Jackson Co KS (Nov 18th 11:30-1pm)

#	Table	Lead	Last	First	Organization	#	Table	Lead	Last	First	Organization
1	A	##	Haag	Victoria	Compass Counseling	22	H	##	Brown	Season	Holton Community Hospital
2	A		Bontrager	Chad	Cecil Ks Hometown Market	23	H		Hower	Cindy	Kellerman Insurance
3	A		Enneking	Bobbi	NEK-CAP Inc	24	H		York	Ashlee	Holton/Jackson Co Chamber
4	B	##	Watkins	Jeremy	Vintage Park at Holton	25	I	##	Schultejans	Leigh Ann	Holton Community Hospital
5	B		Hower	Roger	Kellerman Real Estate	26	I		Griffin	Chanel	Catholic Charities of Northeast KS
6	B		Barta	Tonya	The Farmers State Bank	27	I		Schmidt	LaDona	Holton Community Hospital
7	C	##	Teter	Brent	Jackson County EMS	28	J	##	Zimmerman	Rebekah	YWCA Center for Safety and Empower
8	C		Douglas	Laura	USD 337	29	J		Kenton	Bart	Holton Community Hospital
9	C		Suarez	Gus	State Farm Insurance	30	J		Anderson	Kori	NEK-CAP, Inc.
10	D	##	EYLAR	KRISTA	Holton Community Hospital	31	K	##	Wittmer	Rod	Holton High School
11	D		Brock	Nikki	The Pines	32	K		Area	Henriette	
12	D		Howard	Jim	USD 335	33	K		Lewis	Elizabeth	Developmental Serv of Jackson Co
13	E	##	Smith	Traci	Holton Community Hospital	34	L	##	Romine	Kristina	NEK Multi-County Health Depts Inc
14	E		Bontrager	Mandy	The Pines	35	L		Petersen	Maria	Home Town Health Care LLC
15	E		GROSS	DIANE		36	L		Reed	Jon	Home Town Health Care LLC
16	F	##	Martin	Brett	United Way of Greater Topeka	37	M	##	Gideon	Sarah	HINK
17	F		Clark	Kim	NEK-CAP Inc	38	M		Smith	Leslie	Farmers State Bank
18	F		Aubert	Bobbi	Holton Community Hospital	39	M		Watkins	Marilyn	City of Holton
19	G	##	Twombly	Phyllis	Vintage Park at Holton						
20	G		Marsh	Nicholas	United Methodist Church						
21	G		Brenner	Dan	Holton Co						

2

Community Health Needs Assessment (CHNA) Onsite 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 Unmet Needs (30 mins)
V. **Close / Next Steps** (5 mins)

3

I. Introduction: Who We Are

Background and Experience

VVV Consultants LLC

Vince Vandehaar, MBA – Principal
VVV Consultants LLC – *start 1/1/09 **

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

Cassandra Kahl, BHS – Lead Consultant
VVV Consultants LLC – *Nov 2020*

- University of Kansas – Health Sciences
  - Park University MHA (May 2021)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI

*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

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Town Hall Participation (You)

- ALL attendees practice “Safe Engagement”. We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
  - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

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II. Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a….**
  - **Systematic collection, assembly, analysis, and dissemination of information about the health of the community.**
- **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.**
- **Purpose of a CHNA – Why Conduct One?**
  - **Determine health-related trends and issues of the community**
  - **Understand / evaluate health delivery programs in place.**
  - **Meet Federal requirements – both local hospital and health department**
  - **Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)**

6

I. Introductions: A Conversation with the Community & Stakeholders

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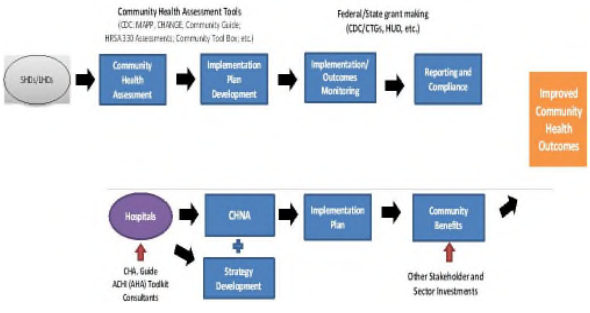
Community Health Needs Assessment
Joint Process: Hospital & Local Health Providers



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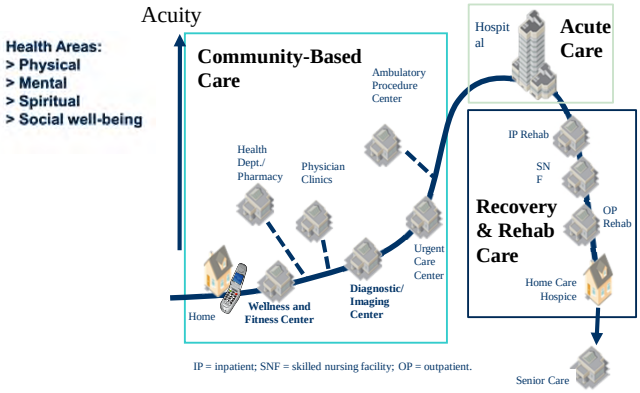
Future System of Care—Sg2



9

Triple Aim Focus

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II. IRS Hospital CHNA Written Report Documentation – Table of Contents

- 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.
- 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 & State Rankings

Trends: Good | Same | Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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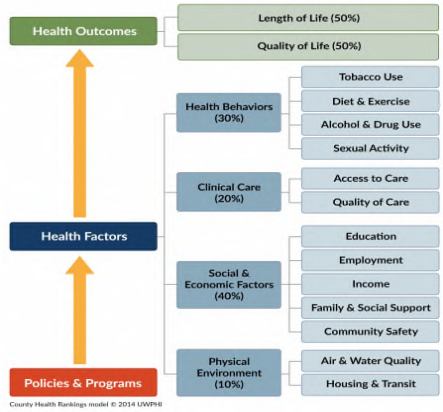
County Health Rankings -

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

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Community Health Needs Assessment

Questions? Next Steps?

VVV Consultants LLC
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Olathe, KS 66061

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(913) 302-7264

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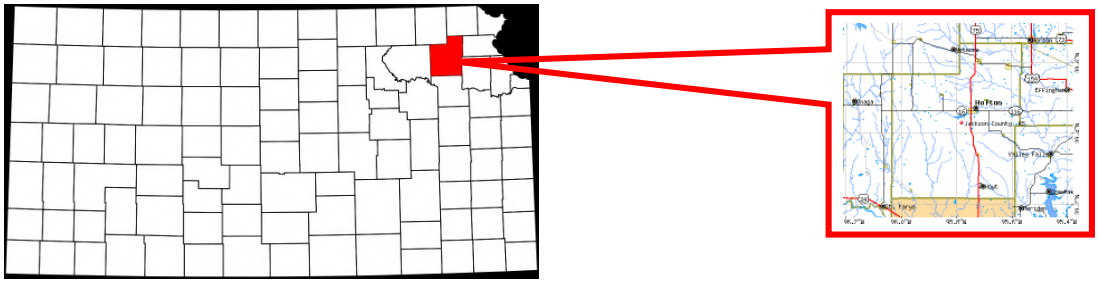
II. Methodology
d) Community Profile (A Description of Community Served)

Jackson County, Kansas Community Profile



The population of Jackson County was estimated to be 13,232 citizens in 2020 and a population density of 20.2 persons per square mile. Jackson County covers 658 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

Jackson Co ST -Detail Demographic Profile

ZIP	NAME	County	Population			Households		HH	Per Capita
			Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Size 2020	Income 2020
66416	Circleville	Jackson	449	445	-0.89%	173	172	2.6	$27,610
66418	Delia	Jackson	724	733	1.24%	229	232	3.15	$21,191
66419	Denison	Jackson	436	433	-0.69%	165	165	2.64	$38,805
66436	Holton	Jackson	5970	5965	-0.08%	2449	2453	2.39	$26,321
66440	Hoyt	Jackson	2139	2125	-0.65%	814	810	2.62	$25,118
66509	Mayetta	Jackson	2548	2556	0.31%	960	964	2.65	$25,820
66516	Netawaka	Jackson	358	348	-2.79%	142	139	2.51	$28,102
66540	Soldier	Jackson	525	522	-0.57%	201	200	2.61	$27,297
66552	Whiting	Jackson	363	356	-1.93%	156	154	2.33	$31,777
Totals			13,512	13,483	-0.21%	5,289	5,289	2.6	$28,005

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66416	Circleville	Jackson	449	91	141	46	223	226	40
66418	Delia	Jackson	724	113	253	82	364	360	73
66419	Denison	Jackson	436	79	137	45	226	210	48
66436	Holton	Jackson	5970	1370	1763	642	2,898	3072	640
66440	Hoyt	Jackson	2139	368	667	233	1,095	1044	235
66509	Mayetta	Jackson	2548	440	813	274	1,304	1244	269
66516	Netawaka	Jackson	358	76	101	29	190	168	29
66540	Soldier	Jackson	525	105	168	54	263	262	47
66552	Whiting	Jackson	363	73	98	32	182	181	37
Totals			13,512	2,715	4,141	1,437	6,745	6,767	1,418

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH $50K+
66416	Circleville	Jackson	410	2	19	10	$56,436	173	103
66418	Delia	Jackson	446	4	214	56	$56,413	229	141
66419	Denison	Jackson	413	1	6	10	$70,909	165	124
66436	Holton	Jackson	5,355	66	179	292	$50,588	2449	1292
66440	Hoyt	Jackson	1,801	8	220	128	$55,849	814	472
66509	Mayetta	Jackson	1,962	15	413	148	$57,735	960	605
66516	Netawaka	Jackson	305	1	43	8	$54,167	142	84
66540	Soldier	Jackson	466	3	33	14	$56,388	201	119
66552	Whiting	Jackson	344	4	3	0	$63,160	156	101
Totals			11,502	104	1,130	666	$57,961	5,289	3,041

Source: ERSA Demographics

III. Community Health Status

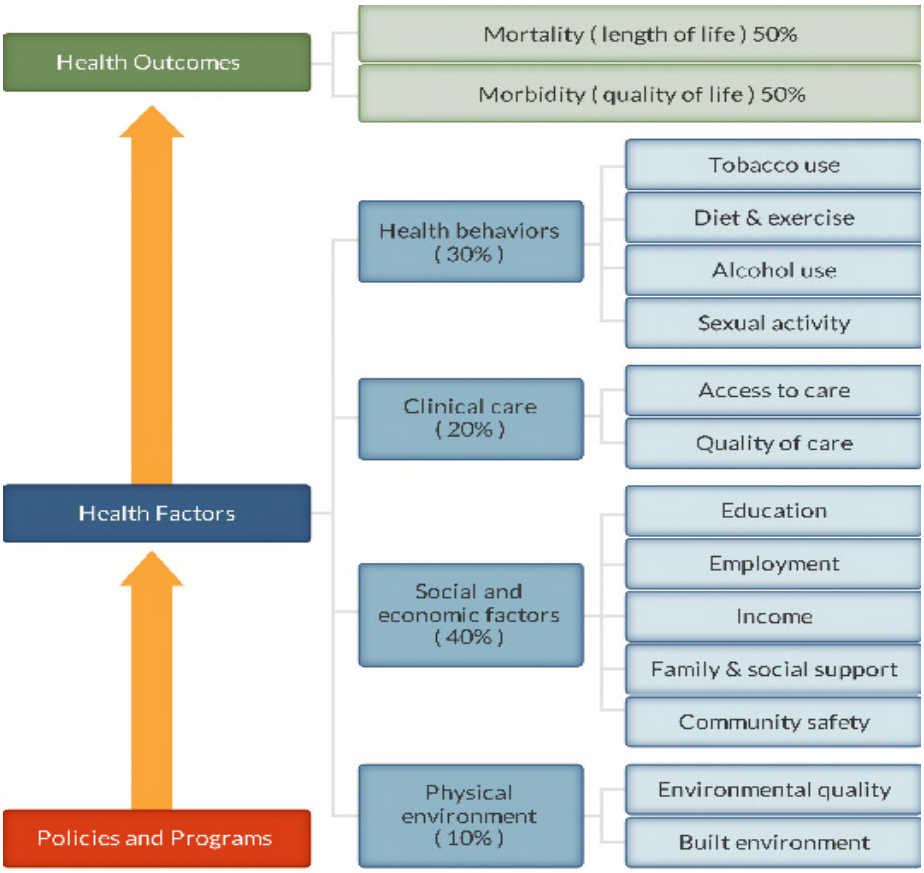
III. Community Health Status

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 2020 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 2021 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Jackson Co. (KS)	TREND	NE KS RURAL NORM (N=16)
1	**Health Outcomes**		**30**		**40**
	Mortality	Length of Life	**31**		**44**
	Morbidity	Quality of Life	**48**		**35**
2	**Health Factors**		**63**		**41**
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	**80**		**50**
	Clinical Care	Access to care / Quality of Care	**55**		**32**
	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	**51**		**39**
3	**Physical Environment**	Environmental quality	**57**		**64**

Kansas NE Rural Norm (N=16) includes the following counties: Atchison, Brown, Clay, Cloud, Doniphan, Geary, Jackson, Jefferson, Marshall, Nemaha, Ottawa, Pottawatomie, Republic, Riley, Wabaunese, Washington

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.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

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

Tab		Demographic - Health Indicators	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
1	a	Population estimates, July 1, 2019, (V2019)	13,171		2,913,314	15,946	People Quick Facts
	b	Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	-2.1%		2.1%	-2.9%	People Quick Facts
	c	Population per square mile, 2010 (V2019)	20.5		34.9	23.7	Geography Quick Facts
	d	Persons under 5 years, percent, 2019, (V2019)	6.8%		6.4%	6.5%	People Quick Facts
	e	Persons 65 years and over, percent, 2019, (V2019)	19.4%		16.3%	19.4%	People Quick Facts
	f	Female persons, percent, 2019, (V2019)	49.8%		50.2%	49.5%	People Quick Facts
	g	White alone, percent, 2019, (V2019)	86.0%		86.3%	91.7%	People Quick Facts
	h	Black or African American alone, percent,2019, (V2019)	0.9%		6.1%	2.8%	People Quick Facts
	i	Hispanic or Latino, percent, 2019, (V2019)	4.8%		12.2%	4.6%	People Quick Facts
	j	Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	3.1%		11.9%	3.9%	People Quick Facts
	k	Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	86.8%		83.8%	86.3%	People Quick Facts
	l	Children in single-parent households, percent, 2015-2019	23.0%		21.0%	16.8%	County Health Rankings
	m	Total Veterans, 2015-2019	516		176,444	1450	People Quick Facts

Tab 2: Economic Profile

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

Tab		Economic - Health Indicators	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
2	a	Per capita income in past 12 months (in 2019 dollars), 2015-2019	$29,558		$31,814	$26,686	People Quick Facts
	b	Persons in poverty, percent (2019)	10.9%		11.4%	11.1%	People Quick Facts
	c	Total Housing units, July 1, 2019, (V2019)	5,900		1,288,401	7,283	People Quick Facts
	d	Total Persons per household, 2015-2019	2.4		2.5	2.5	People Quick Facts
	e	Severe housing problems, percent, 2013-2017	10.6%		12.9%	10.7%	County Health Rankings
	f	Total of All firms, 2012	584		239,118	1,774	Business Quick Facts
	g	Unemployment, percent, 2019	2.9%		3.2%	3.2%	County Health Rankings
	h	Food insecurity, percent, 2018	12.2%		12.7%	12.1%	County Health Rankings
	i	Limited access to healthy foods, percent, 2015	4.6%		8.3%	9.0%	County Health Rankings
	j	Low income and low access to store, percent, 2015	4.6%		NA	9.0%	U.S. Department of Agriculture - Food Environment Atlas
	k	Long commute - driving alone, percent, 2015-2019	39.4%		21.2%	26.0%	County Health Rankings

Tab 3: Educational Profile

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

Tab		Educative - Health Indicator	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
3	a	Children eligible for free or reduced price lunch, percent, 2018-2019	41.4%		46.8%	43.9%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2015-2019	91.2%		91.0%	88.7%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	21.4%		33.4%	23.5%	People Quick Facts

#	Jackson Co (KS) School Health Indicators	Holton USD 336	North Jackson USD 335	Royal Valley USD 337
1	Total # Public School Nurses		1 MWF	
2	School nurse is part of the IEP team		PRN	
3	School Wellness Plan in place		Yes	
4	VISION: # Screened / Referred to Prof / Seen by Professional		230/31/26	
5	HEARING: # Screened / Referred to Prof / Seen by Professional		0225/7/5	
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional		202/37/	
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional		None	
8	Students served with no identified chronic health concerns		385	
9	School has a Suicide Prevention Program		Yes	
10	Compliance on required vaccinations		Yes	

Tab 4: Maternal / Infant Profile

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

Tab		Maternal/Infant - Health Indicators	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
4	a	Percent of Births Where Prenatal Care began in First Trimester, 2017-2019	73.5%		81.0%	80.5%	Kansas Health Matters
	b	Percentage of Premature Births, 2017-2019	9.9%		9.1%	8.1%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2019	79.1%		69.2%	76.5%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2017-2019	6.0%		7.3%	6.4%	Kansas Health Matters
	e	Percent of WIC Mothers Breastfeeding Exclusively, percent, 2020	16.7%		14.1%	21.9%	Kansas Health Matters
	f	Percent of all Births Occurring to Teens (15-19), 2017-2019	7.0%		5.5%	4.9%	Kansas Health Matters
	g	Percent of births Where Mother Smoked During Pregnancy, 2017-2019	12.2%		10.0%	11.6%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Satistics	Jackson Co.	Trend	Kansas	NE KS Norm (N=16)
a	Total Live Births, 2015	14		39,126	244
b	Total Live Births, 2016	23		38,048	226
c	Total Live Births, 2017	17		36,464	214
d	Total Live Births, 2018	14		36,268	220
e	Total Live Births, 2019	15		35,395	206
f	Total Live Births, 2015-2019 - 5 year Rate (%)	9.0%		12.7%	13.0%

Tab 5: Hospitalization and Provider Profile

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

Tab		Hospital/Provider - Health Indicator	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
5	a	Primary care physicians (Pop Coverage per) (No extenders incl.) , 2018	1476:1		1278:1	2,296:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2018 (lower the better)	5,171		3,959	4,316	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	83%		78.0%	76.7%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	82%		78.0%	77.0%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	102		112.0	109.2	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Total Jackson Co (KS) - Inpatients			
		FFY2018	FFY2019	FFY2020	3Q 2021
1	Total Discharges	1663	1567	1305	1041
2	Total IP Discharges-Age 0-17 Ped	105	82	88	59
3	Total IP Discharges-Age 18-44	96	90	86	45
4	Total IP Discharges-Age 45-64	330	361	269	227
5	Total IP Discharges-Age 65-74	318	313	230	238
6	Total IP Discharges-Age 75+	450	366	300	233
7	Psychiatric	73	73	69	64
8	Obstetric	162	154	147	101
#	KS Hospital Assoc PO103	Holton Community Hospital (IP Only)			
		FFY2018	FFY2019	FFY2020	3Q 2021
1	Total Discharges	241	175	105	103
2	Total IP Discharges-Age 0-17 Ped	3	0	1	0
3	Total IP Discharges-Age 18-44	6	9	4	2
4	Total IP Discharges-Age 45-64	20	29	15	16
5	Total IP Discharges-Age 65-74	43	38	29	29
6	Total IP Discharges-Age 75+	163	99	56	56
7	Psychiatric	0	0	0	0
8	Obstetric	1	0	0	0
#	Kansas Hospital AssocOP TOT223E	FFY2018	FFY2019	FFY2020	3Q 2021
1	HCH ER Share - Jackson Co Only	56.1%	58.6%	55.4%	58.5%
1	HCH OpSRG Share - Jackson Co Only	23.8%	22.2%	17.1%	20.6%
2	HCH TOT OP Share - Jackson Co Only	50.2%	51.4%	49.5%	52.1%

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab		Mental - Health Indicator	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
6	a	Depression: Medicare Population, percent, 2018	19.4%		18.9%	17.4%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2019 (lower is better)	15.9		18.6%	25.0	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2017-2019	61.4		75.1	51.5	Kansas Health Matters
	k	Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days, 2017	39.6%		37.8%	38.2%	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2018	4.6		4.1	4.3	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab		High-Risk - Health Indicator	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
7a	a	Adult obesity, percent, 2017	38.3%		33.0%	35.3%	County Health Rankings
	b	Adult smoking, percent, 2018	20.9%		17.9%	19.8%	County Health Rankings
	c	Excessive drinking, percent, 2018	19.5%		18.2%	19.1%	County Health Rankings
	d	Physical inactivity, percent, 2017	25.5%		23.9%	26.7%	County Health Rankings
	e	# of Physically unhealthy days, 2018	3.8		3.6	3.7	County Health Rankings
	f	Sexually transmitted infections (chlamydia), rate per 100,000 - 2018	352.9		488.5	296.1	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab		Chronic - Health Indicator	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
7b	a	Hypertension: Medicare Population, 2018	51.5%		55.2%	54.6%	Kansas Health Matters
	b	Hyperlipidemia: Medicare Population, 2018	39.6%		37.1%	40.7%	Kansas Health Matters
	c	Heart Failure: Medicare Population, 2018	15.1%		13.4%	13.3%	Kansas Health Matters
	d	Chronic Kidney Disease: Medicare Pop, 2018	23.0%		21.8%	18.6%	Kansas Health Matters
	e	COPD: Medicare Population, 2018	12.3%		11.9%	12.2%	Kansas Health Matters
	f	Atrial Fibrillation: Medicare Population, 2018	7.8%		8.8%	9.1%	Kansas Health Matters
	g	Cancer: Medicare Population, 2018	7.4%		8.1%	8.3%	Kansas Health Matters
	h	Osteoporosis: Medicare Population, 2018	5.3%		6.1%	6.2%	Kansas Health Matters
	i	Asthma: Medicare Population, 2018	3.8%		4.3%	3.8%	Kansas Health Matters
	j	Stroke: Medicare Population, 2018	2.5%		3.1%	3.0%	Kansas Health Matters

Tab 8 Uninsured Profile and *Community Benefit*

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		Coverage - Health Indicator	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
8	a	Uninsured, percent, 2019	10.1%		10.1%	13.0%	County Health Rankings

#	Holton Community Hospital 2021	YR 2019	YR 2020	YR 2021
1	Charity Care	$14,905	$45,294	$45,486
2	Bad Debt Writeoffs/Admin Adjs. (before bad debt recoveries)	$888,840	$765,711	$724,960
3	Bad Debt Recoveries	($120,618)	($299,237)	($142,009)

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

Tab		Mortality - Health Indicator	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
9	a	Life Expectancy, 2017-2019	77.9		78.5	78.1	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2017-2019 (lower is better)	128.9		155.3	160.4	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2017-2019 (lower is better)	224.2		156.7	172.2	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Mortality Rate per 100,000, 2017-2019 (Lower is better)	58.8		49.9	54.0	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2015-2019	25.0%		19.9%	22.3%	County Health Rankings
	f	Total # Deaths involving COVID-19 if released, 2021	10		3575	17.7	NY Times

Causes of Death by County of Residence, KS 2016	Jackson Co.	%	Trend	Kansas	%
TOTAL	128			27,312	
Hypertensive Renal Disease	35	27.3%		3,603	13.2%
Cancer	21	16.4%		5,537	20.3%
Heart disease	20	15.6%		5,520	20.2%
Chronic lower respiratory diseases	18	14.1%		1,774	6.5%
Suicide	18	14.1%		3,085	11.3%
# Of Drug Overdoses	10	7.8%		1,392	5.1%
Residual Infections and Parasitic Diseases	10	7.8%		514	1.9%

Tab 10: Preventive Quality Measures Profile

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

Tab		Preventative - Health Indicator	Jackson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
10	a	Access to exercise opportunities, percent, 2019	49.0%		80.1%	54.5%	County Health Rankings
	b	Adults with diabetes, monitoring, percent, 2016	14.7%		10.5%	10.7%	County Health Rankings
	c	Mammography annual screening, percent, 2017	46.0%		45.0%	45.8%	County Health Rankings
	d	Adults that report having visited a doctor for a routine check-up within the past year, percent, 2018	75.5%		NA	75.2%	Kansas Health Matters
	e	Adults who visited a dentist or dental clinic in the past year, percent, 2018	65.0%		NA	64.9%	Kansas Health Matters
	f	Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect "current" healthcare information for Jackson Co. KS.

Chart #1 – Jackson County, KS Online Feedback Response (N=170)

Jackson Co KS - CHNA YR 2021			
For reporting purposes, are you involved in or are you a ...?	Jackson Co KS N=170	Trend	2021 Norms N=4,393
Business / Merchant	9.9%		13.2%
Community Board Member	18.5%		10.8%
Case Manager / Discharge Planner	4.9%		1.0%
Clergy	1.2%		1.5%
College / University	2.5%		4.3%
Consumer Advocate	6.2%		2.1%
Dentist / Eye Doctor / Chiropractor	3.7%		1.1%
Elected Official - City/County	0.0%		2.9%
EMS / Emergency	0.0%		2.6%
Farmer / Rancher	12.3%		9.9%
Hospital / Health Dept	28.4%		24.8%
Housing / Builder	0.0%		1.0%
Insurance	0.0%		1.2%
Labor	1.2%		3.1%
Law Enforcement	1.2%		1.6%
Mental Health	12.3%		2.0%
Other Health Professional	11.1%		14.1%
Parent / Caregiver	27.2%		22.0%
Pharmacy / Clinic	2.5%		2.7%
Media (Paper/TV/Radio)	0.0%		0.5%
Senior Care	7.4%		5.1%
Teacher / School Admin	18.5%		10.8%
Veteran	4.9%		4.4%
Other (please specify)	16.0%		10.8%
TOTAL	81		2593
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

Chart #2 - Quality of Healthcare Delivery Community Rating

Jackson Co KS - CHNA YR 2021			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Jackson Co KS N=170	Trend	2021 Norms N=4,393
Top Box %	37.6%		30.6%
Top 2 Boxes %	82.9%		73.5%
Very Good	37.6%		30.6%
Good	45.3%		42.9%
Average	14.7%		21.1%
Poor	2.4%		4.2%
Very Poor	0.0%		1.1%
Valid N	170		4,366
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

Chart #3 – Overall Community Health Quality Trend

Jackson Co KS - CHNA YR 2021			
When considering "overall community health quality", is it...	Jackson Co KS N=170	Trend	2021 Norms N=4,393
Increasing - moving up	53.6%		48.5%
Not really changing much	37.1%		43.6%
Decreasing - slipping	9.3%		8.0%
Valid N	151		3,919
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

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

Jackson Co KS - CHNA YR 2021					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem Area	Votes	%	Trend	RANK
1	Behavioral / Mental Health	80	13.8%		1
2	Drug / Substance Abuse	67	11.5%		2
3	Language Barriers	46	7.9%		5
4	Obesity	44	7.6%		6
5	Transportation	44	7.6%		7
6	Poverty	42	7.2%		4
7	Affordable Senior Housing	38	6.5%		3
8	OB Services	35	6.0%		8
9	Economic Development	31	5.3%		10
10	Awareness of Healthcare Services	30	5.2%		11
11	Food Insecurity	30	5.2%		14
12	Domestic Violence	27	4.6%		13
13	Visiting Specialists	25	4.3%		12
14	Preventative Health Education	22	3.8%		9
15	Cancer	20	3.4%		15
	Totals	581	100.0%		

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

Jackson Co KS - CHNA YR 2021			
In your opinion, what are the root causes of "poor health" in our community?	Jackson Co KS N=170	Trend	2021 Norms N=4,393
Lack of health insurance	17.0%		15.6%
Limited Access to Mental Health Assistance	19.7%		18.9%
Neglect	11.2%		12.0%
Lack of health & Wellness Education	15.6%		13.8%
Chronic disease prevention	11.2%		10.9%
Family assistance programs	4.8%		6.7%
Lack of Nutrition / Exercise Services	11.6%		11.6%
Limited Access to Specialty Care	4.8%		8.6%
Limited Access to Primary Care	4.1%		6.0%
Total Votes	294		6,467
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

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

Jackson Co KS - CHNA YR 2021	Jackson Co KS N=170			2021 Norms N=4,393	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	92.2%	1.0%		79.2%	6.7%
Child Care	41.2%	11.8%		42.9%	16.1%
Chiropractors	80.2%	3.1%		70.3%	5.2%
Dentists	86.4%	2.9%		73.3%	9.4%
Emergency Room	87.4%	1.0%		75.7%	7.8%
Eye Doctor/Optometrist	82.4%	0.0%		77.2%	6.5%
Family Planning Services	48.4%	10.8%		40.9%	16.4%
Home Health	78.2%	2.0%		56.0%	9.3%
Hospice	81.0%	2.0%		63.5%	8.6%
Telehealth	63.8%	7.4%		52.5%	10.3%
Inpatient Services	86.7%	2.0%		79.6%	5.2%
Mental Health	25.5%	26.5%		29.7%	32.9%
Nursing Home/Senior Living	36.4%	16.2%		62.6%	9.7%
Outpatient Services	89.0%	1.0%		77.2%	4.2%
Pharmacy	95.0%	1.0%		88.7%	2.3%
Primary Care	96.0%	0.0%		79.5%	5.2%
Public Health	63.6%	2.0%		64.7%	7.0%
School Health	64.0%	3.0%		66.2%	6.5%
Visiting Specialists	74.7%	3.0%		67.0%	8.6%
Walk- In Clinic	75.5%	7.1%		57.6%	18.2%
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).					

Chart #7 – Community Health Readiness

Jackson Co KS - CHNA YR 2021	Bottom 2 boxes		
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Jackson Co KS N=170	Trend	2021 Norms N=4,393
Behavioral / Mental Health	30.9%		31.3%
Emergency Preparedness	2.0%		8.1%
Food and Nutrition Services/Education	8.2%		15.3%
Health Screenings (as asthma, hearing, vision, scoliosis)	6.1%		10.2%
Prenatal/Child Health Programs	8.4%		11.0%
Substance Use/Prevention	25.3%		34.8%
Suicide Prevention	27.7%		37.6%
Violence Prevention	26.9%		34.3%
Women's Wellness Programs	8.5%		16.5%
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

Chart #8a – Healthcare Delivery "Outside our Community"

Jackson Co KS - CHNA YR 2021			
In the past 2 years, did you or someone you know receive HC outside of our community?	Jackson Co KS N=170	Trend	2021 Norms N=4,393
Yes	63.4%		73.7%
No	36.6%		26.3%
Valid N	101		2,682
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

Specialties:

Specialty	Counts
EMER	6
CARD	5
OBG	4
PRIM	4
DENT	3
NEU	3
ONC	3
SPEC	3
SURG	3

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

Jackson Co KS - CHNA YR 2021			
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Jackson Co KS N=170	Trend	2021 Norms N=4,393
Yes	72.7%		63.9%
No	27.3%		36.1%
Valid N	99		2520
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

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

Jackson Co KS - CHNA YR 2021			
What needs to be discussed further at our CHNA Town Hall meeting?	Jackson Co KS N=170	Trend	2021 Norms N=4,393
Abuse/Violence	4.6%		4.4%
Alcohol	1.7%		4.3%
Alternative Medicine	3.7%		3.4%
Breast Feeding Friendly Workplace	1.3%		1.1%
Cancer	2.2%		2.5%
Care Coordination	2.6%		2.5%
Diabetes	2.4%		2.9%
Drugs/Substance Abuse	7.2%		6.5%
Family Planning	2.0%		1.9%
Heart Disease	1.5%		1.9%
Lack of Providers/Qualified Staff	3.9%		3.8%
Lead Exposure	0.2%		0.4%
Mental Illness	10.9%		8.9%
Neglect	2.4%		2.4%
Nutrition	3.1%		3.9%
Obesity	4.6%		6.0%
Occupational Medicine	0.4%		0.6%
Ozone (Air)	0.7%		0.6%
Physical Exercise	4.4%		4.1%
Poverty	4.6%		4.8%
Preventative Health / Wellness	5.9%		4.8%
Respiratory Disease	0.0%		0.1%
Sexually Transmitted Diseases	0.9%		1.4%
Smoke-Free Workplace	0.0%		0.0%
Suicide	8.9%		7.2%
Teen Pregnancy	1.1%		2.0%
Telehealth	2.2%		2.4%
Tobacco Use	2.0%		2.2%
Transporation	3.7%		2.7%
Vaccinations	4.4%		3.5%
Water Quality	2.6%		2.3%
Health Literacy	3.3%		3.2%
Other (please specify)	0.9%		1.6%
TOTAL Votes	459		12,286
County Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Harper, Trego, Russell, Cowley, Marion, Jackson and Carroll (MO).			

IV. Inventory of Community Health Resources

YR 2021 Inventory of Health Services - 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	

YR 2021 Inventory of Health Services - Jackson County KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Senior Behavioral Health Services	Yes	No	
Hosp	Shaped Beam Radiation System 161	No	No	
Hosp	Single Photon Emission Computerized Tomography (SPECT)	No	No	
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

YR 2021 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	9.0	0.0	12.5
Internal Medicine	0.0	0.0	0.0
Obstetrics/Gynecology	0.0	0.1	0.0
Pediatrics	0.0	0.0	0.0
Medicine Specialists:			
Allergy/Immunology	0.0	0.0	
Cardiology	0.0	0.2	
Dermatology	0.0	0.0	
Endocrinology	0.0	0.0	
Gastroenterology	0.0	0.1	
Oncology/RADO	0.0	0.0	
Infectious Diseases	0.0	0.0	
Nephrology	0.0	0.0	
Neurology	0.0	0.0	
Psychiatry	0.0	0.0	
Pulmonary	0.0	0.0	
Rheumatology	0.0	0.1	
Surgery Specialists:			
General Surgery	0.0	0.1	
Neurosurgery	0.0	0.0	
Ophthalmology	0.0	0.0	
Orthopedics	0.0	0.0	
Otolaryngology (ENT)	0.0	0.0	
Plastic/Reconstructive	0.0	0.0	
Thoracic/Cardiovascular/Vasc	0.0	0.0	
Urology	0.0	0.2	
Hospital Based:			
Anesthesia/Pain	0.0	0.0	
Emergency	0.0	0.0	0.0
Radiology	0.0	0.1	
Pathology	0.0	0.0	
Hospitalist *	0.0	0.0	
Neonatal/Perinatal	0.0	0.0	
Physical Medicine/Rehab	0.0	0.0	
VA clinic		0.0	
Podiatry		0.1	
Others HC Providers			
Eye Care (OD)	2.0	0.0	
Dentists	3.0	0.0	
TOTALS	14.0	1.04	12.5

YR 2021 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

YR 2021 Jackson County (KS) Resource Directory

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**

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

MIRROR
Addiction Treatment Center- outpatient addiction treatment
510 Kansas Ave. Holton, KS 66436
785-260-6688

Heartland RADAC

All Inpatient stays require a screening through RADAC

Call 1-913-789-0951 or 1-800-281-0029 with the patient present and they will ask a few questions and then schedule a time for the Assessor to call the patient.

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

Kansas Protection Report Center

1-800-922-5330.
-Telephone lines are staffed 24 hours a day. In the event of an emergency contact your local law enforcement or call 911.
-If you are a **mandatory reporter** and would like to report child or adult abuse or neglect electronically, please use the new Kansas Intake/Investigation Protection System. https://hssksprod.wellsky.com/intake/
-When using the electronic report please make note of the first question at the top of the form indicating child or adult type of report.

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 for Life
Dr. Ron Cobb
785-305-0549
11549 222nd Rd, Holton, KS 66436
Office in Horton too
Individual counseling
Mental Health in relation to Substance Abuse
$50 an session, $100 for Marriage and Family Therapy. Does not take insurance
Email drronaldleecobb@gmail.com

Psychological Health Services
Jessica Snyder LCP
626 Nebraska Avenue
Holton, KS 66436
785-362-7000
www.phs-holton.com

YWCA Center for Safety and Empowerment-Domestic Violence Advocate
125A West 4th St. Holton, KS 66436
785-362-2222
24 hour helpline 1-888-822-2983
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.

Senior Life Solutions

Offered at the Holton Community Hospital
785-364-9610
Intensive outpatient group counseling program designed to meet the unique needs of older adults over the age of 65 struggling with depression and anxiety often related to aging.

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

Intellectual and/or Developmental Disabilities
Developmental Services of Jackson County
Laura Golden-Executive Director
625 Vermont Holton KS 66436
785-364-3534 www.dsjcks.org
** No direct referrals-must contact CDDO in Atchison at 913-367-2432

Achievement Services of Northeast Kansas, INC. CDDO- Community Developmental Disability Organization
Serves- Jackson and Atchison Counties
Cathy Montgomery- Director
PO Box 186, 215 North 5th Street Atchison, KS 66002 913-674-0291

Nemaha County CDDO/ Nemaha County Training Center
Serves- Nemaha County 12 South 11th Street Seneca, KS 785-336-5330

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

Vocational Rehabilitation/DCF
Evelyn McBride
912 S Morrill Ave. PO Box 317
Hiawatha, KS 66434
Phone: 785-742-7186
Fax: 785-742-2929
Email: Evelyn.McBride@ks.gov
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

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

DOMESTIC VIOLENT PROGRAMS

YWCA Center for Safety and Empowerment-Domestic Violence Advocate
125A West 4th St. Holton, KS 66436
785-362-2222
24 hour helpline 1-888-822-2983
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 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

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

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

Vocational Rehabilitation/DCF
Evelyn McBride
912 S Morrill Ave. PO Box 317
Hiawatha, KS 66434
Phone: 785-742-7186
Fax: 785-742-2929
Email: Evelyn.McBride@ks.gov
Counseling and guidance, physical and mental restoration services, training, assistive technology, rehab equipment and rehab engineering, job placement, job coaching, technical assistance

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

Cecil K's
1-785-362-7997
Grocery delivery to Holton, Circleville, Muscotah, Overland Park/Shawnee, Effingham, Horton, Kickapoo Reservation, Everest, Mayetta, Topeka, Whiting. Netawaka, Hoyt, Soldier
Call number above and they will take your order

Catholic Charities

Mobile bus hotline 913-433-2039, leave a message with requested information. They will call back prior to coming into town on designated dates. Call for delivery times of food, they park at 416 Ohio
Come every 6-8 weeks. Have a variety of things from food, to clothes and hygiene products.
No appointment needed for these items, can just walk in

JMCA Food Pantry
310 W 5th Street Holton, KS 66436
785-362-7021
*Thursdays 3:00 – 6:00 PM
Emergencies- Call Sarah 614-218-6868

Veterans Club of Jackson County Holton-Harvesters Mobile Pantry
Meets at Soccer fields
785-986-6653
*1st Tuesday every month-Arrive no later than 8:30 AM

Veterans Club of Jackson County Netawaka
Meets by City Park in Netawaka
785-986-6653
*3rd Monday of month-Arrive no later than 9:00 AM

MOM'S Meals
1-877-508-6667 to get started. $6.99/meal. Can order as few as 7 meals at a time and as many as 21.10% discount for those in the military or immediate family member. Discount code: vets10%

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

Stormont Vail Behavioral Health
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

Independent Housing

Homestead Senior Residences Holton Community

400 Wisconsin St. Holton, KS 66436 785-364-4751 Tuesday and Thursdays 8:00-12:00

Cypress Glenn

605 Wisconsin Ave
Age 62 and older or disabled
Holton, KS 66436 785-364-3560

Assisted Living

Vintage Park
410 Juniper Dr #1535,
Holton, KS 66436
(785) 364-5051

24-hour Care

The Pines North

725 Iowa Ave, Holton, KS 66436
(785) 364-3314

The Pines South
14005 214th Rd
Holton, KS
785-364-0106

Medicalodges of Jackson County

1121 W 7th St, Holton, KS 66436

(785) 364-3164

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

Kansas Legal Services
Seneca Office
203 North 8th Street
1-800-723-6953
www.kansaslegalservices.org online application for assistance

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

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

MEDICAL SERVICES, HOME, HEALTH & HOSPICE

Jackson County Health Department
312 Pennsylvania PO Box 444
Holton Kansas 66436
Interim Administrator: Ty Compton
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

Cotton O'Neil Clinic/Netawaka
200 Whiteway
Netawaka, KS 66516
Phone: 785-933-2000
Fax: 785-933-2200

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

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

Wetmore Family Medicine
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

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

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

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

NEK-AAA, ADRC (Aging and Disability Resource Center)
Address: 1803 Oregon St, Hiawatha, KS 66434
Hours: 8am-5pm
Phone: (785) 742-7152

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

TRANSPORTATION

Northeast Kansas Area Agency on Aging

1803 Oregon Hiawatha, KS 66434
785-742-7153
Monday- Friday 7am-5pm
www.nekaaa.org/transportation
Provides transportation in the city limits for $2.00 round trip/ $5 within county
Please call for rates for surrounding counties
No age requirements/ Wheelchair accessible vans

Jackson County Senior Center

312 Pennsylvania Avenue, Suite B Holton, Kansas 66436
Phone: 785-364-3571 Serving Area Seniors ages 60 and older
Hours Monday – Friday 8am- 3pm
Transportation- within Holton city limits only, $2 roundtrip. 2 days/month are set aside for Topeka trips at a cost of $10 roundtrip.

Prairie Band Potawatomi Nation General Public Transportation

Serves residents of reservation, Jackson and Shawnee County

1-785-966-2995/1-866-727-8181
8:00-4:30pm Monday thru Friday Excluding Holidays

Destination	Ages 6 – 59	Ages 60 and over	Last Scheduled Ride
Local Rides	$1.50 each way	$.75 each way	4:00 PM
Outside Local Area	$2.00 each way	$1.00 each way	3:30 PM
Holton – Topeka	$4.00 each way	$2.00 each way	3:00 PM
Mayetta – Lawrence:	$7.00 each way	$3.50 each way	2:30 PM
Mayetta – Horton:	$4.00 each way	$2.00 each way	2:30 PM
Ages 5 and under ride free --- Ticket Books are Available			

**Does not do Holton to Holton transport

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

Inpatient Origin Reports

Kansas Hospital Association

Inpatient Origin by County
Jackson, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2021 through Q3

Detail

Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+								
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Stormont Vail Health - Topeka, KS	1	505	48.5%	38	7.5%	25	5.0%	118	23.4%	93	18.4%	97	19.2%	46	9.1%	53	10.5%	55	10.9%	36.2%
The University of Kansas Health System St. Francis Campus - Topeka, KS	2	242	23.2%	0	0.0%	9	3.7%	60	24.8%	64	26.4%	42	17.4%	2	0.8%	32	13.2%	33	13.6%	38.0%
Holton Community Hospital - Holton, KS	3	103	9.9%	0	0.0%	2	1.9%	16	15.5%	29	28.2%	56	54.4%	0	0.0%	0	0.0%	0	0.0%	18.4%
Community Healthcare System Inc. - Onaga, KS	4	86	8.3%	0	0.0%	0	0.0%	10	11.6%	24	27.9%	29	33.7%	2	2.3%	12	14.0%	9	10.5%	7.0%
The University of Kansas Health System - Kansas City, KS	5	39	3.7%	3	7.7%	4	10.3%	16	41.0%	11	28.2%	2	5.1%	6	15.4%	0	0.0%	0	0.0%	51.3%
Children's Mercy Kansas City - Kansas City, MO	6	14	1.3%	14	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	7.1%	0	0.0%	0	0.0%	50.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	7	9	0.9%	0	0.0%	3	33.3%	1	11.1%	5	55.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	55.6%
Hiawatha Community Hospital - Hiawatha, KS	8	7	0.7%	0	0.0%	1	14.3%	1	14.3%	0	0.0%	3	42.9%	0	0.0%	1	14.3%	1	14.3%	14.3%
LMH Health - Lawrence, KS	9	7	0.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	28.6%	1	14.3%	2	28.6%	2	28.6%	0.0%
Overland Park Regional Medical Center - Overland Park, KS	10	5	0.5%	2	40.0%	0	0.0%	1	20.0%	1	20.0%	1	20.0%	1	20.0%	0	0.0%	0	0.0%	20.0%
Amberwell Health - Atchison, KS	11	3	0.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	0.0%
Kansas Residents/Other Missouri Hospitals	12	3	0.3%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	66.7%
Olathe Health - Olathe, KS	13	3	0.3%	0	0.0%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	66.7%
Saint John Hospital - Leavenworth, KS	14	3	0.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0.0%
Crittenton - Kansas City, MO	15	2	0.2%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's North Hospital -- Barry Road - Kansas City, MO	16	2	0.2%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	17	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Ascension Via Christi Hospitals Wichita, Inc. (St. Francis/St. Joseph) - Wichita, KS	18	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Kindred Hospital Northland - Kansas City, MO	19	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Providence Medical Center - Kansas City, KS	20	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Research Medical Center - Kansas City, MO	21	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
SCK Health - Arkansas City, KS	22	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
Topeka ER & Hospital - Topeka, KS	23	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Truman Medical Center Hospital Hill - Kansas City, MO	24	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Overall		**1,041**	**100.0%**	**59**	**5.7%**	**45**	**4.3%**	**227**	**21.8%**	**238**	**22.9%**	**233**	**22.4%**	**64**	**6.1%**	**101**	**9.7%**	**101**	**9.7%**	**32.8%**

Kansas Hospital Association

Inpatient Origin by County
Jackson, KS Residents Treated in KHA Reporting Area
Federal Fiscal Year: 2020

Detail

Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+								
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Stormont Vail Health - Topeka, KS	1	624	47.8%	51	8.2%	51	8.2%	125	20.0%	112	17.9%	143	22.9%	45	7.2%	61	9.8%	56	9.0%	29.2%
The University of Kansas Health System St. Francis Campus - Topeka, KS	2	330	25.3%	3	0.9%	17	5.2%	74	22.4%	63	19.1%	59	17.9%	9	2.7%	53	16.1%	52	15.8%	31.5%
Holton Community Hospital - Holton, KS	3	105	8.0%	1	1.0%	4	3.8%	15	14.3%	29	27.6%	56	53.3%	0	0.0%	0	0.0%	0	0.0%	7.6%
Community Healthcare System Inc. - Onaga, KS	4	100	7.7%	4	4.0%	2	2.0%	8	8.0%	10	10.0%	24	24.0%	2	2.0%	26	26.0%	25	25.0%	10.0%
The University of Kansas Health System - Kansas City, KS	5	57	4.4%	3	5.3%	9	15.8%	24	42.1%	8	14.0%	4	7.0%	7	12.3%	2	3.5%	3	5.3%	49.1%
Children's Mercy Kansas City - Kansas City, MO	6	21	1.6%	21	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	4.8%	0	0.0%	0	0.0%	38.1%
Saint Luke's Hospital of Kansas City - Kansas City, MO	7	9	0.7%	0	0.0%	0	0.0%	6	66.7%	1	11.1%	2	22.2%	0	0.0%	0	0.0%	0	0.0%	22.2%
Hiawatha Community Hospital - Hiawatha, KS	8	7	0.5%	0	0.0%	0	0.0%	1	14.3%	0	0.0%	4	57.1%	0	0.0%	1	14.3%	1	14.3%	0.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	9	6	0.5%	0	0.0%	0	0.0%	0	0.0%	1	16.7%	2	33.3%	1	16.7%	1	16.7%	1	16.7%	50.0%
LMH Health - Lawrence, KS	10	6	0.5%	0	0.0%	0	0.0%	2	33.3%	2	33.3%	0	0.0%	0	0.0%	1	16.7%	1	16.7%	66.7%
Kansas Residents/Other Missouri Hospitals	11	5	0.4%	0	0.0%	0	0.0%	5	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	40.0%
Children's Mercy Hospital Kansas - Overland Park, KS	12	4	0.3%	4	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Nebraska Hospitals	13	4	0.3%	0	0.0%	1	25.0%	1	25.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	25.0%
Saint John Hospital - Leavenworth, KS	14	4	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0.0%
Olathe Health - Olathe, KS	15	3	0.2%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	0.0%
Kansas Residents/Minnesota Hospitals	16	2	0.2%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Saint Luke's South Hospital - Overland Park, KS	17	2	0.2%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	100.0%
Amberwell Health - Atchison, KS	18	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	19	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospitals Wichita, Inc. (St. Francis/St. Joseph) - Wichita, KS	20	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0.0%
Community Memorial Healthcare, Inc. - Marysville, KS	21	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%
Crittenton - Kansas City, MO	22	1	0.1%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Illinois Hospitals	23	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Menorah Medical Center - Overland Park, KS	24	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Overland Park Regional Medical Center - Overland Park, KS	25	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Providence Medical Center - Kansas City, KS	26	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Research Medical Center - Kansas City, MO	27	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Sabetha Community Hospital - Sabetha, KS	28	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's North Hospital -- Barry Road - Kansas City, MO	29	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Salina Surgical Hospital - Salina, KS	30	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Truman Medical Center Lakewood - Kansas City, MO	31	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
Wamego Health Center - Wamego, KS	32	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Wesley Woodlawn Hospital & ER - Wichita, KS	33	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Overall		**1,305**	**100.0%**	**88**	**6.7%**	**86**	**6.6%**	**269**	**20.6%**	**230**	**17.6%**	**300**	**23.0%**	**69**	**5.3%**	**147**	**11.3%**	**142**	**10.9%**	**27.7%**

Inpatient Origin Reports (Continued)

Kansas Hospital Association

Inpatient Origin by County

Jackson, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2019

Detail

Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+								
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Stormont Vail Health - Topeka, KS	1	721	46.0%	56	7.8%	34	4.7%	160	22.2%	142	19.7%	155	21.5%	58	8.0%	68	9.4%	69	9.6%	30.2%
The University of Kansas Health System St. Francis Campus - Topeka, KS	2	358	22.8%	6	1.7%	16	4.5%	96	26.8%	83	23.2%	59	16.5%	5	1.4%	46	12.8%	48	13.4%	29.1%
Holton Community Hospital - Holton, KS	3	175	11.2%	0	0.0%	9	5.1%	29	16.6%	38	21.7%	99	56.6%	0	0.0%	0	0.0%	0	0.0%	4.6%
Community Healthcare System Inc. - Onaga, KS	4	134	8.6%	0	0.0%	5	3.7%	17	12.7%	22	16.4%	36	26.9%	0	0.0%	28	20.9%	26	19.4%	9.0%
The University of Kansas Health System - Kansas City, KS	5	76	4.9%	4	5.3%	13	17.1%	34	44.7%	15	19.7%	7	9.2%	5	6.6%	1	1.3%	1	1.3%	47.4%
Children's Mercy Kansas City - Kansas City, MO	6	17	1.1%	12	70.6%	3	17.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.9%	1	5.9%	41.2%
LMH Health - Lawrence, KS	7	11	0.7%	0	0.0%	0	0.0%	3	27.3%	4	36.4%	0	0.0%	0	0.0%	2	18.2%	2	18.2%	54.5%
Hiawatha Community Hospital - Hiawatha, KS	8	10	0.6%	0	0.0%	0	0.0%	0	0.0%	1	10.0%	3	30.0%	0	0.0%	3	30.0%	3	30.0%	10.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	9	9	0.6%	0	0.0%	1	11.1%	6	66.7%	1	11.1%	1	11.1%	0	0.0%	0	0.0%	0	0.0%	22.2%
Kansas Residents/Other Missouri Hospitals	10	8	0.5%	3	37.5%	3	37.5%	2	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	62.5%
AdventHealth Shawnee Mission - Shawnee Mission, KS	11	6	0.4%	0	0.0%	0	0.0%	0	0.0%	1	16.7%	2	33.3%	1	16.7%	1	16.7%	1	16.7%	33.3%
Overland Park Regional Medical Center - Overland Park, KS	12	5	0.3%	0	0.0%	1	20.0%	1	20.0%	0	0.0%	0	0.0%	0	0.0%	2	40.0%	1	20.0%	0.0%
Menorah Medical Center - Overland Park, KS	13	4	0.3%	0	0.0%	1	25.0%	2	50.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Research Medical Center - Kansas City, MO	14	4	0.3%	0	0.0%	1	25.0%	1	25.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	75.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	15	3	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	1	33.3%	1	33.3%	33.3%
Hutchinson Regional Medical Center - Hutchinson, KS	16	3	0.2%	0	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	66.7%
Sabetha Community Hospital - Sabetha, KS	17	3	0.2%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	0.0%
Kansas Residents/Nebraska Hospitals	18	2	0.1%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
North Kansas City Hospital - North Kansas City, MO	19	2	0.1%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Saint John Hospital - Leavenworth, KS	20	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's South Hospital - Overland Park, KS	21	2	0.1%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Salina Regional Health Center - Salina, KS	22	2	0.1%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	50.0%
Wamego Health Center - Wamego, KS	23	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Children's Mercy Hospital Kansas - Overland Park, KS	24	1	0.1%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
HaysMed, The University of Kansas Health System - Hays, KS	25	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Michigan Hospitals	26	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/South Dakota Hospitals	27	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Kansas Residents/Wyoming Hospitals	28	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Olathe Health - Olathe, KS	29	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's North Hospital – Smithville - Smithville, MO	30	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
St. Joseph Medical Center - Kansas City, MO	31	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overall		**1,567**	**100.0%**	**82**	**5.2%**	**90**	**5.7%**	**361**	**23.0%**	**313**	**20.0%**	**366**	**23.4%**	**73**	**4.7%**	**154**	**9.8%**	**154**	**9.8%**	**26.7%**

Kansas Hospital Association

Inpatient Origin by County

Jackson, KS Residents Treated in KHA Reporting Area

Federal Fiscal Year: 2018

Detail

Hospital Detail by County				Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		
				Age 0-17		Age 18-44		Age 45-64		Age 65-74		Age 75+								
Hospital Name	Rank	Total Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Surg %
Stormont Vail Health - Topeka, KS	1	726	46.7%	60	7.7%	49	6.3%	167	21.5%	153	19.6%	165	21.3%	57	7.3%	76	9.8%	74	9.5%	28.4%
The University of Kansas Health System St. Francis Campus - Topeka, KS	2	340	20.4%	4	1.2%	16	4.7%	78	22.9%	76	22.4%	58	17.1%	2	0.6%	55	16.2%	52	15.3%	32.6%
Holton Community Hospital - Holton, KS	3	241	14.5%	3	1.2%	6	2.5%	20	8.3%	43	17.8%	163	67.6%	0	0.0%	1	0.4%	5	2.1%	3.7%
Community Healthcare System Inc. - Onaga, KS	4	136	8.2%	4	2.9%	3	2.2%	21	15.4%	15	11.0%	50	36.8%	2	1.5%	21	15.4%	21	15.4%	7.4%
The University of Kansas Health System - Kansas City, KS	5	77	4.6%	5	6.5%	14	18.2%	28	36.4%	19	24.7%	7	9.1%	6	7.8%	1	1.3%	1	1.3%	49.4%
Children's Mercy Kansas City - Kansas City, MO	6	23	1.4%	22	95.7%	1	4.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	26.1%
Hiawatha Community Hospital - Hiawatha, KS	7	9	0.5%	1	11.1%	1	11.1%	2	22.2%	1	11.1%	2	22.2%	0	0.0%	1	11.1%	1	11.1%	0.0%
Saint Luke's Hospital of Kansas City - Kansas City, MO	8	7	0.4%	0	0.0%	3	42.9%	3	42.9%	1	14.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	57.1%
Menorah Medical Center - Overland Park, KS	9	6	0.4%	0	0.0%	1	16.7%	3	50.0%	2	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
LMH Health - Lawrence, KS	10	5	0.3%	0	0.0%	0	0.0%	0	0.0%	1	20.0%	2	40.0%	0	0.0%	1	20.0%	1	20.0%	60.0%
Olathe Health - Olathe, KS	11	4	0.2%	0	0.0%	0	0.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	1	25.0%	2	50.0%	50.0%
Research Medical Center - Kansas City, MO	12	4	0.2%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	0	0.0%	1	25.0%	1	25.0%	75.0%
Kansas Residents/Other Missouri Hospitals	13	3	0.2%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	33.3%
Saint John Hospital - Leavenworth, KS	14	3	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0.0%
Wesley Woodlawn Hospital & ER - Wichita, KS	15	3	0.2%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	33.3%
Crittenton - Kansas City, MO	16	2	0.1%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Nebraska Hospitals	17	2	0.1%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Neosho Memorial Regional Medical Center - Chanute, KS	18	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0.0%
North Kansas City Hospital - North Kansas City, MO	19	2	0.1%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Overland Park Regional Medical Center - Overland Park, KS	20	2	0.1%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Providence Medical Center - Kansas City, KS	21	2	0.1%	0	0.0%	1	50.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Saint Luke's East Hospital - Lees Summit, MO	22	2	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0.0%
AdventHealth Shawnee Mission - Shawnee Mission, KS	23	1	0.1%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	24	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0.0%
Children's Mercy Hospital Kansas - Overland Park, KS	25	1	0.1%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Michigan Hospitals	26	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/South Dakota Hospitals	27	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Kansas Residents/Wyoming Hospitals	28	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Miami County Medical Center, Inc. - Paola, KS	29	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Nemaha Valley Community Hospital - Seneca, KS	30	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0.0%
Sabetha Community Hospital - Sabetha, KS	31	1	0.1%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's South Hospital - Overland Park, KS	32	1	0.1%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	100.0%
Salina Regional Health Center - Salina, KS	33	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0.0%
Wamego Health Center - Wamego, KS	34	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Overall		**1,663**	**100.0%**	**105**	**6.3%**	**96**	**5.8%**	**330**	**19.8%**	**318**	**19.1%**	**450**	**27.1%**	**73**	**4.4%**	**162**	**9.7%**	**162**	**9.7%**	**25.4%**

Outpatient Origin Reports

Outpatient Market Penetration By Service Type			
Holton Community Hospital	Total Visits	Jackson, KS	
County By Federal Fiscal Year: 2021		Visits	%
1 Emergency Department (45x)	2,063	1,567	58.5%
2 Surgery (36x, 49x)	342	258	20.6%
3 Observation (76x, excl. 761)	125	97	34.8%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	1,746	1,268	47.2%
14 Nuclear Medicine (34x)	199	138	37.8%
15 CT Scan (35x)	691	526	34.7%
16 Mammography (401, 403)	553	439	57.7%
17 Ultrasound (402)	285	220	34.9%
19 Magnetic Resonance Technology (61x)	195	145	17.6%
21 Chemotherapy (33x, excl. 333)	35	25	7.7%
23 Pulmonary Function (46x)	50	37	28.9%
25 Stress Test (482)	139	106	42.9%
29 Telemedicine (78x)	22	20	57.1%
33 Cardiac Rehab (943)	328	300	95.8%
34 Rural Health - Clinic (521)	7	6	54.5%
35 Treatment Room (761)	1,396	915	58.5%
37 EKG/ECG (73x)	812	628	47.9%
38 Cardiology (48x excl. 481-483)	232	178	22.8%
39 Sleep Lab (HCPC 95805-95811)	2,838	2,066	45.9%
41 Behavioral Health (90x, 91x, 100x)	100	89	86.4%
42 Physical Therapy (42x)	956	800	80.3%
43 Occupational Therapy (43x)	126	97	52.4%
44 Speech-Language Pathology (44x)	51	46	53.5%
Actual visits in report	8,025	6,030	46.1%
Actual unclassified visits	9,587	7,060	58.7%
Actual total visits	17,612	13,090	52.1%

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Outpatient Market Penetration By Service Type			
Holton Community Hospital	Total Visits	Jackson, KS	
County By Federal Fiscal Year: 2020		Visits	%
1 Emergency Department (45x)	2,571	1,977	55.4%
2 Surgery (36x, 49x)	337	252	17.1%
3 Observation (76x, excl. 761)	125	101	28.5%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,119	1,593	43.7%
14 Nuclear Medicine (34x)	260	172	38.5%
15 CT Scan (35x)	831	641	35.2%
16 Mammography (401, 403)	852	660	61.9%
17 Ultrasound (402)	398	298	34.2%
19 Magnetic Resonance Technology (61x)	6	5	0.5%
21 Chemotherapy (33x, excl. 333)	52	32	7.8%
23 Pulmonary Function (46x)	44	29	16.3%
25 Stress Test (482)	185	138	43.3%
33 Cardiac Rehab (943)	414	372	95.4%
34 Rural Health - Clinic (521)	10	5	29.4%
35 Treatment Room (761)	1,907	1,335	62.1%
36 Respiratory Services (41x)	1	1	1.2%
37 EKG/ECG (73x)	908	731	45.6%
38 Cardiology (48x excl. 481-483)	324	248	28.7%
41 Behavioral Health (90x, 91x, 100x)	146	127	95.5%
42 Physical Therapy (42x)	1,038	904	67.5%
43 Occupational Therapy (43x)	154	106	43.4%
44 Speech-Language Pathology (44x)	62	54	47.4%
Actual visits in report	10,087	7,683	44.8%
Actual unclassified visits	11,002	8,022	54.9%
Actual total visits	21,089	15,705	49.5%

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Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type			
Holton Community Hospital	Total Visits	Jackson, KS	
County By Federal Fiscal Year: 2019		Visits	%
1 Emergency Department (45x)	2,850	2,268	58.6%
2 Surgery (36x, 49x)	516	366	22.2%
3 Observation (76x, excl. 761)	205	181	39.0%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,442	1,900	46.7%
14 Nuclear Medicine (34x)	364	267	45.6%
15 CT Scan (35x)	889	678	34.9%
16 Mammography (401, 403)	961	742	64.0%
17 Ultrasound (402)	459	331	36.1%
19 Magnetic Resonance Technology (61x)	410	324	30.0%
21 Chemotherapy (33x, excl. 333)	52	36	8.0%
23 Pulmonary Function (46x)	89	71	30.6%
25 Stress Test (482)	256	199	48.1%
33 Cardiac Rehab (943)	530	474	93.5%
34 Rural Health - Clinic (521)	3	3	23.1%
35 Treatment Room (761)	1,359	987	52.5%
37 EKG/ECG (73x)	957	776	44.9%
38 Cardiology (48x excl. 481-483)	300	232	29.1%
41 Behavioral Health (90x, 91x, 100x)	143	121	88.3%
42 Physical Therapy (42x)	1,187	1,064	67.8%
43 Occupational Therapy (43x)	178	127	51.6%
44 Speech-Language Pathology (44x)	76	66	49.3%
Actual visits in report	11,055	8,685	47.0%
Actual unclassified visits	11,529	8,549	56.9%
Actual total visits	22,584	17,234	51.4%

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Outpatient Market Penetration By Service Type			
Holton Community Hospital	Total Visits	Jackson, KS	
County By Federal Fiscal Year: 2018		Visits	%
1 Emergency Department (45x)	2,745	2,228	56.1%
2 Surgery (36x, 49x)	441	327	23.8%
3 Observation (76x, excl. 761)	142	121	29.3%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	2,529	2,016	45.6%
14 Nuclear Medicine (34x)	310	239	43.3%
15 CT Scan (35x)	872	685	35.0%
16 Mammography (401, 403)	853	680	63.9%
17 Ultrasound (402)	478	361	40.6%
19 Magnetic Resonance Technology (61x)	362	291	28.7%
21 Chemotherapy (33x, excl. 333)	53	36	7.6%
23 Pulmonary Function (46x)	103	75	31.8%
25 Stress Test (482)	222	178	44.7%
33 Cardiac Rehab (943)	246	215	84.6%
34 Rural Health - Clinic (521)	1,983	1,591	98.1%
35 Treatment Room (761)	1,157	882	42.0%
37 EKG/ECG (73x)	560	443	28.0%
38 Cardiology (48x excl. 481-483)	304	228	27.5%
41 Behavioral Health (90x, 91x, 100x)	48	45	81.8%
42 Physical Therapy (42x)	744	643	59.6%
43 Occupational Therapy (43x)	86	67	41.4%
44 Speech-Language Pathology (44x)	58	52	54.7%
Actual visits in report	12,078	9,666	48.9%
Actual unclassified visits	11,317	8,564	51.8%
Actual total visits	23,395	18,230	50.2%

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b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Jackson County, KS 2021 CHNA Town Hall Thursday, Nov 18th 11:30-1pm							
#	Table	Lead	Attend	Last	First	Organization	Title
1	A	##	X	Haag	Victoria	Compass Counseling	Owner/therapist
3	A		X	Enneking	Bobbi	NEK-CAP Inc	Center Manager
5	B		X	Hower	Roger	Kellerman Real Estate	Associate Broker/Co-Owner
6	B		X	Barta	Tonya	The Farmers State Bank	
9	B		X	Suarez	Gus	State Farm Insurance	Agent
10	D	##	X	EYLAR	KRISTA	Holton Community Hospital	Chief Nursing Officer
12	D		X	Howard	Jim	USD 335	Superintendent
13	E	##	X	Smith	Traci	Holton Community Hospital	Social Worker
14	E		X	Bontrager	Mandy	The Pines	Owner
15	E		X	GROSS	DIANE		
16	F	##	X	Martin	Brett	United Way of Greater Topeka	VP of Community Impact
17	F		X	Clark	Kim	NEK-CAP Inc	Family Dev Advocate
20	G		X	Marsh	Nicholas	United Methodist Church	Pastor
21	G		X	Brenner	Dan	Holton Co	County Commissioner
23	G		X	Hower	Cindy	Kellerman Insurance	President
25	I	##	X	Schultejans	Leigh Ann	Holton Community Hospital	Social Worker
26	I		X	Griffin	Chanel	Catholic Charities of Northeast KS	Food and Nutrition Coordinator
27	I		X	Schmidt	LaDona	Holton Community Hospital	MD
28	J	##	X	Zimmerman	Rebekah	YWCA Center for Safety and Empower	Rural Project Coordinator
29	J		X	Kenton	Bart	Holton Community Hospital	CFO
30	J		X	Anderson	Kori	NEK-CAP, Inc.	Community Development Advocate
34	L	##	X	Romine	Kristina	NEK Multi-County Health Depts Inc	Chief of Operations
35	L		X	Petersen	Maria	Home Town Health Care LLC	Marketing Specialist
36	L		X	Reed	Jon	Home Town Health Care LLC	Chief Operations Officer
38	M		X	Smith	Leslie	Farmers State Bank	Vice President
39	M		X	Watkins	Marilyn	City of Holton	Commissioner
40	M		X	Sanders	Brian	Holton Newspaper	Reporter

NOTES: Jackson Co. – Holton Community Hospital

Date: 11/18/2021 – 11:30 am to 1:00 pm

Established Needs/Strengths: Small Group Session

RSVPs: N=39 Attendance: N=27

Needs

- Mental Health (Diagnosis, Treatment, Aftercare, and Providers)
- Awareness of Services
- Adequate Housing
- Child Care (Under 18mos)
- Maternal / Delivery
- Drug / Substance Abuse
- Uninsured / Underinsured
- Smoking / Vaping
- Obesity
- Neglect
- Suicide
- Language Barriers
- Teen Education / Health
- Workforce Availability
- Dental (Medicaid Accepting)

Strengths

- New Hospital
- Hospital Services / Providers
- Hospital Accessibility
- Schools / Education
- Trust in Providers
- First Responders (ALL)
- Quality of Care (Delivery)
- Senior Center / Programs
- Local Mental Health Clinic
- Health Department
- City / Community Based Programs
- Connectedness
- Access to Food (Free Options
- Clergy
- Public Transportation

Wave #4 CHNA - Jackson County KS

Holton, KS: Town Hall Conversation - Strengths (White Cards) N=27

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
1	Health department- knowledge and active	11	Vaccines and access
1	Trust in healthcare options	11	New hospital
1	Education system	12	Hospital/Primary care
1	Opiod RX declining	12	Transportation
1	Assistance- *Lacking a directory or how to find*	12	Local mental health clinic
2	Primary care physicians	12	Low poverty rates
2	Hospital/clinic	12	Involved patrons and community
2	Co health department	13	Positive ratings for hospital
2	Dental	13	Community support of public health
2	Eye care	13	Senior center provides many meals
3	Food pantry/Harvesters/Catholic charities	13	Provider ratio better than most
3	Education	13	Decreased # of opiod scripts dispensed
3	Services within community	14	Senior center activities/interaction
3	Family/school support	14	Mental health clinic
3	Law enforcement/medical response services	14	Good schools
4	Quality of care	14	Hospital in town
4	Indentifications of health service needs	14	Health department
4	Health care facilities	15	Senior center with activities
4	Professional care for the community	16	Hospital- providers/access
4	Assistance for the needy	16	Community leadership/awareness
4	City, county and churches	16	Ministerial alliances/church involvement
4	Holton caring community and generous	16	Strong education representation
5	Health care facilities/equipment	16	Home health/hospice access
5	Health care professionals	16	Business partnerships
5	Caring community	16	First responders
5	Programs to assist the needy through city/government/churches	16	Access to health department
5	Transportation for the needy through agencies	17	Healthcare access
6	Community hospital provides quality care	18	School health
6	Primary care accessibility	18	Access to healthcare
6	Specialist services at community hospital	18	Median income
6	EMS	19	Access to overall care
6	Pharmacy services	19	Doctor's available
7	Close to large population centers	19	Primary care physicians
7	Places to shop in Holton	19	Dentists
7	Place to workout	19	Higher income
7	School choices	19	Under poverty
7	Health care facilities	20	Good availablity/variety of medical services
8	Good hospital access	20	Senior care/housing
8	Adequate providers	20	Housing in general
8	Wide variety of services	20	Caring community
8	Educated population	21	Hospital/clinic buildings/providers
8	Good schools	21	Health department
8	Great home health/hospice	21	Caring community
8	First responders	21	Resources- but might need to be communicated better
8	Senior center	22	Access to primary care
8	Community mental health center	22	Trust in skill of medical professionals
9	Health department/hospital	23	High education
9	Schools	23	Hospital access
9	Large # of providers for our area	23	Primary care physicians
9	Home health/hospice access	23	Vaccines/Immunizations
10	Compassionate doctors/hospital caretakers/nurses	23	Dental access
10	Access to care	23	Eye care access
10	Holton community members really care about eachother	24	Positive healthcare
10	Transportation	24	Education level is generally good
11	Health incomes ranking	24	Access to healthcare

Wave #4 CHNA - Jackson County KS

Holton, KS - Town Hall Conversation - Weaknesses (Blue Cards) N=27

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
1	Available Covid information/misinfomation	14	Mental health services
1	Mental health services- Good but could be better	14	Skilled nursing care
1	More opportunities for "have-nots"	14	In home care
1	Drug abuse/treatment	14	Education on resources within our community
1	Childcare- Quality and options	14	Adult daycare
2	Mental health care/treatment	15	Health behaviors
2	Transportation	15	Food insecurity
2	Obesity	15	Preventitive health
2	Smoking	15	Housing access for all
2	Language barriers may be limited	15	Mortality from heart disease
3	Behavioral health	16	Behavioral health access/support
3	Poverty	16	Nursing home
3	Getting individuals to access healthcare	16	Financial options for healthcare for the uninsured
3	Transportation for elderly	16	Health behaviors
3	Food insecurity	17	Doctors burned out
4	Mental health	17	Nurses overstretched- especially night shifts
4	Food insecurity	17	Staff COVID mandates
4	Childcare	17	Better mental health access
4	Housing	17	Better drug education
4	Obesity/Physical health	17	Teen education
5	Access to healthy food	17	Educate alcohol/texting and driving
5	Access to exercise	17	Consider lowering speed limit on HWY 75
5	Self Care	18	Drug Use
5	Dental care for Medicaid	18	Education about drugs
5	Prenatal care/education	18	Obesity
6	Mental health access	18	Access to mental healthcare
6	RXs	18	Translator availability
6	Affordable housing	18	OB options
6	Drug/Alcohol treatment	19	Drug use
6	Resource directory	19	Mental health
7	Mental health	19	Language barriers
7	Obesity	19	Obesity
7	Drugs	19	OB options
7	Alchohol	20	Drug use
7	Smoking/Vaping	20	Mental health- consistent/quality
8	Mental health	20	Obesity
8	Drugs	20	Options for OB- translation
8	Suicide	21	Childcare/daycare
8	Drinking and driving	21	Workforce-not enough support
8	Food insecurity	21	Housing
9	Law/Judicial enforcement for drug offenses	21	Obesity
9	Mental health facilities	21	Suicide
9	Obesity/Lack of exercise	22	Obesity
9	Food insecurity	22	Smoke
9	Smoking- underage	22	Drink
10	Maternal delivery	22	Food insecurity
10	Suicide prevention	22	Children in single family homes
10	Drug use	23	Physical fitness
10	Transportation to health facilities	23	Overall childcare for lower income
10	Childcare	23	Dietic- training for healthy lifestyles
10	Law- Drug offenses	23	Transportation for everyday needs
10	Obesity	23	Mental health awareness/care
10	Food insecurity	23	OBGYN/infants
10	Underage smoking	24	Mental health
11	Housing	24	Neglect
11	Childcare access	24	Suicide
11	Workforce	24	Food insecurity
11	Health behaviors	24	Drugs
11	Mental health	24	Obesity
12	Transportation	24	OB services
12	Drug/Tobacco use amongst young adults/kids	24	Affordable housing
12	Suicide- teen	25	Behavioral health
12	Better access to food services	25	Drug use
12	Childcare	25	Food insecurity
13	Increase activity opportunities	25	Language barriers
13	Mental health education	25	Housing- safe/affordable
13	Reduce drug use/abuse	25	Poverty
13	Food insecurity	25	Obesity- Healthy eating/physical activity
13	Resource information	26	Drugs
13	Housing	26	Housing prices
13	Childcare	26	Childcare
13	Obesity	26	Obesity
13	Neglect	26	Food needs

c) Public Notice & Requests

EMAIL #1 Request Message (Cut & Paste)

From: Carrie Saia, Chief Executive Officer
Date: 9/08/2021
To: Community Leaders, Providers and Hospital Board and Staff
Subject: Jackson County Community Health Needs Assessment 2021

Holton Community Hospital (HCH) is partnering with other community health providers to update the 2018 Jackson County Community Health Needs Assessment. Therefore, HCH is seeking input from the community regarding healthcare needs in order to complete the 2021 CHNA assessment update.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

To gather community feedback, a short and confidential online survey has been developed. Please utilize the link below to complete this request.

LINK: https://www.surveymonkey.com/r/CHNA2022_JacksonCo

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Thursday, October 14th.** In addition, please **HOLD the date** for the Town Hall meeting potentially scheduled for **Thursday, November 18th.** Please stay on the lookout for more information to come soon regarding the RSVP. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 364-9660

Jackson County begins 2021 Community Health Needs Assessment.

Media Release: 09/15/2021

Over the next few months, **Holton Community Hospital (HCH)** will be working with area providers to update the 2018 Jackson County Community Health Needs Assessment (CHNA). Therefore, they are seeking input from the community regarding healthcare needs in order to complete the 2021 CHNA update.

VVV Consultants LLC, an independent research firm from Olathe KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to gather feedback and accomplish this work. Please visit our website and social media sites to access the link to complete the online survey for the 2021 CHNA.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Thursday, October 14th.** In addition, please **HOLD the date** for the Town Hall meeting potentially scheduled for **Thursday November 18th**. More information will be coming soon regarding the dates and the RSVP. Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 364-9660

EMAIL #2 Request Message (Cut & Paste)

From: Carrie Saia, CEO
Date: 10/20/2021
To: Community Leaders, Providers and Hospital Board and Staff
Subject: 2021 Community Health Needs Assessment

Holton Community Hospital (HCH) is hosting a scheduled Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Thursday, November 18th,** from **11:30 a.m. – 1:00 p.m at the Courtyard Event Center (426 Pennsylvania) in Holton.**

All business leaders and residents are encouraged to join us for this meeting. With COVID still among us, we must ensure the safety of our community first and foremost. Therefore, it is imperative that you complete an RSVP in order for us to adhere to proper safety guidelines. We hope you find the time to attend this important event by following the link below to complete your RSVP for November 18th.

Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: https://www.surveymonkey.com/r/CHNA2021_JacksonCo_RSVP

If you have any questions regarding CHNA activities, please contact Pam Holaday at 785-364-9660

Thanks in advance for your time and support

Holton Community Hospital Hosts Local Town Hall Event.

Media Release: 10/20/21

Holton Community Hospital (HCH) has scheduled the Jackson County Town Hall meeting for the 2021 Community Health Needs Assessment on **Thursday November 18th, from 11:30 a.m. – 1:00 p.m**. at the Courtyard Event Center (426 Pennsylvania) in Holton. During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Jackson County.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during this on-site event. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting the Holton County Hospital website and social media sites to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on November 18th, 2021.

Note> If you RSVP, additional information will be released to you via email a few days prior to the event.

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please contact Pam Holaday at 785-364-9660

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Community Feedback: Jackson Co KS (N=170)

ID	Zip	Rating	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1002	66436	Good	Not really changing much	BH	EDU		Mental health has some services, but not sure being utilized, so education, decrease stigma,
1162	66436	Very Good	Increasing - moving up	BH			Big mental health need
1047	66436	Very Good	Increasing - moving up	CUL			Language barrier
1040	66436	Good	Not really changing much	FINA	INSU		Lack of affordable good health care that covers most services needed to stay healthy
1037	66440	Good	Not really changing much	FUND	NUTR		public assistance funding allowed to be spent on foods that are not healthy. Fast easy cheep recipes need to be shared with food assistance.
1086	66509	Good	Decreasing - slipping downward	OWN	EDU		lack of sense of personal responsibility for one's health/need for education about this
1081	66436	Good	Increasing - moving up	OWN	PREV	EDU	Understanding the impact of ACE's a person has undergone manifesting in chronic health conditions and how to intervene to stop the progression of "poor health."
1143	66436	Average	Decreasing - slipping downward	OWN			Arrogance and entitlement
1039	66509	Good	Not really changing much	OWN			too many people want a pill to fix them. Noy yo do the hard work it takes to stay healthy
1149	66436	Very Good	Not really changing much	POV			Poverty

CHNA 2021 Community Feedback: Jackson Co KS (N=170)

ID	Zip	Rating	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1086	66509	Good	Decreasing - slipping downward	ACC			I can only speak for my family: we have never felt that we could not get care we needed in this community. Aware that others may not experience this.
1081	66436	Good	Increasing - moving up	AMB			Ambulance service is a possible need. I work outside of Holton proper. If I need to call an ambulance, I know it is a reality that it may take 20+ mins. to get emergency care. Volunteer fireman do step in to help fill this gap.
1026	66436	Good	Not really changing much	BH	ACC		access to healthcare is good but access to mental health services needs improvement
1116	66418	Good	Decreasing - slipping downward	BH			Behavioral/mental health; not enough therapists
1157	66436	Good	Not really changing much	CHIRO			Chiropractor
1034	66436	Good	Not really changing much	CLIN	HRS	EDU	Walk in clinics need extended hours to ease burden on the ER. People need to be educated on ER utilization.
1117	66440	Good	Not really changing much	DOCS	STFF		Overall, we need more Doctors and staff in our areas, specifically Hoyt.
1007	NA	Good	Increasing - moving up	DOCS			Need at least 1 more physician, as I believe all of them are burned out
1011	66436	Good	Increasing - moving up	EDU	MRKT		General providers, yes. I think we need more mental health and substance abuse providers or more publicity about the programs/providers.
1056	66509	Very Good	Increasing - moving up	INSU	HOSP	OBG	My insurance covers providers located mostly in SN Co., but per my awareness from others in our community, it is a major issue that our local hospital is no longer a delivering facility, so anyone expecting, HAS to go elsewhere to have their babies.
1077	66440	Good	Not really changing much	LAB	REF	COVD	rapid covid testing with same day results, sent to Topeka.
1154	66436	Very Good	Increasing - moving up	NEU	ENDO		Neurology and endocrinology
1108	66436	Good	Not really changing much	NURSE			More nurses.
1011	66436	Good	Increasing - moving up	PRIM	BH	DRUG	General providers, yes. I think we need more mental health and substance abuse providers or more publicity about the programs/providers.
1060	66436	Good	Decreasing - slipping downward	SCH	WAIT		Appointments required and may wait days for appointment
1061	66436	Good	Not really changing much	SCH	WAIT		Taking me 3 months to see a specialist and a few days/weeks to get an appointment with primary care doctor
1032	66509	Average	Not really changing much	SPEC	REF		If you need a specialist you get referred to Topeka.
1151	66436	Very Good	Decreasing - slipping downward	STFF	EMP		Every area in Kansas is having issues with keeping enough staff to be able to care for patients as the medical personnel would want to be. They're doing as well as possible but they've been through so much already and they are getting tired. It's not their fault at all it's the lack of resources available for them to do their jobs and constantly more Variants popping up. It's a absolute shame they have to deal with so much pressure and stress.

CHNA 2021 Community Feedback: Jackson Co KS (N=170)

ID	Zip	Rating	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1104	66416	Good	Increasing - moving up	ACC	OWN		Need improved awareness and access to mental health. Need improved accessibility to different programs that promote health and wellness.
1043	66436	Very Good	Not really changing much	ALL			I can't think of anything new that's needed, but certainly we should maintain and strengthen existing programs (don't take them for granted and let them degrade).
1104	66416	Good	Increasing - moving up	AWARE	ACC	BH	Need improved awareness and access to mental health. Need improved accessibility to different programs that promote health and wellness.
1039	66509	Good	Not really changing much	AWARE	NH		health fair for our poor and elderly population
1122	66436	Very Good	Not really changing much	AWARE	SERV		none that i know of. mail-out of all services available would be helpful - detailed information about all.
1099	66436	Very Good	Increasing - moving up	BH	ADOL		Mental Health is extremely lacking for children through adults
1063	66416	Good	Not really changing much	BH	ADOL	DRUG	Behavioral/Mental Health for all ages. Substance Abuse Programs Suicide
1103	66436	Good	Increasing - moving up	BH	DRUG	ALT	Mental health and addiction services (as a combo). Yoga/meditation facility
1083	NA	Very Good	Not really changing much	BH	DRUG		Mental health and addiction
1097	66436	Good	Not really changing much	BH	FINA	INSU	more mental health services that are free or reduced in price for the uninsured.
1066	66436	Average	Not really changing much	BH	NH	HH	In home counseling, better nursing home options
1078	66436	Average	Decreasing - slipping downward	BH	NUTR		Define "community health". Could it include youth programs after school and during summer break months? Improved local access to, community and home, mental health services. Improved, healthier, school lunch menus.
1112	66436	Very Good	Increasing - moving up	BH			Mental Health
1030	66436	Good	Increasing - moving up	BH			Mental Health
1101	66436	Very Good	Increasing - moving up	BH			Mental health care needs addressed
1072	66540	Good	Increasing - moving up	BH			Mental health center
1159	66436	Good	Increasing - moving up	BH			Need more mental health services
1162	66436	Very Good	Increasing - moving up	BH			Once again, mental health.
1107	66436	Average	Not really changing much	BH			Mental health
1044	NA	Good	Not really changing much	BH			Mental Health
1098	66436	Very Good	Not really changing much	CHILD			Daycare
1094	66436	Very Good	Increasing - moving up	CLIN	FINA		possibly a free clinic
1002	66436	Good	Not really changing much	CLIN	HRS		Could urgent care be an option besides ER? Accidents and illness always seem to happen after hours. Hate to have to go to the ER for bladder infection or sinus infection on Saturday or Sunday. People work out of town and don't get back in town till after clinics close.
1034	66436	Good	Not really changing much	CLIN			Walk in clinics similar to Minor Med
1151	66436	Very Good	Decreasing - slipping downward	COMM	EDU		More current updates and better regular people wording for people to understand the problem and not taking for granted people get it because they really aren't.
1047	66436	Very Good	Increasing - moving up	CUL	COMM		Spanish classes for adults/business owners. Non college/certificate. Just tools to communicate better.
1001	66611	Very Good	Increasing - moving up	DIAB	SPRT		Diabetic supportive services
1056	66509	Very Good	Increasing - moving up	DRUG	BH	PART	We have a trememndous amount of drug abuse and chronic dependence issues, a huge majority related to poorly managed mental health. So both of these issues being so completely married together, need to be managed, better, but hand-in-hand.
1134	66436	Very Good	Decreasing - slipping downward	DRUG	SPRT		Substance abuse support
1007	NA	Good	Increasing - moving up	DRUG			counseling for drug addiction and treatment with suboxone
1081	66436	Good	Increasing - moving up	EDU	NUTR		Continue to educate on Healthy living choices. Instead of putting youth on a diet - educate on healthy food choices. Continue with programs like 'Walk with a Doc', etc...
1005	NA	Average	Not really changing much	EDU	NUTR		Education on eating healthy
1011	66436	Good	Increasing - moving up	EDU	OWN		Community education is sorely needed about basic health care.
1157	66436	Good	Not really changing much	EDU			Education programs
1168	66509	Very Good	Increasing - moving up	FAC	FIT	REC	Health and Aquatic Center
1032	66509	Average	Not really changing much	FEM			Women's health
1053	66436	Poor	Decreasing - slipping downward	HOSP	CLIN		A hospital related to the CCCS clinic, branch of Onega
1016	66416	Good	Increasing - moving up	HRS	ACC		After hours access to providers
1154	66436	Very Good	Increasing - moving up	NEU	ENDO		Neurologist and endocrinologist
1126	66436	Very Good	Increasing - moving up	NH	FINA	HOUS	I noticed there was a question about senior living. We need many more housing opportunities for the middle class, not just for those who have no money or have a lot of money. I do believe there are things that can be done for housing in this area for the middle class.
1029	66436	Very Good	Increasing - moving up	OBES	PREV	FIT	Obesity prevention/physical exercise, Suicide taskforce
1128	66432	Good	Increasing - moving up	OBES			Affordable Weight Loss
1041	66436	Good	Increasing - moving up	OBG			Deliver babies at the hospital!
1137	66552	Very Good	Increasing - moving up	ONC	OP		Oncologist out patient
1095	66436	Good	Not really changing much	OPTH	SURG		Ophthalmology for ocular surgery
1164	66436	Very Good	Not really changing much	PREV	OWN	BH	Preventive medicine/programs to encourage wellness and eating right on a budget Mental health services
1078	66436	Average	Decreasing - slipping downward	SH	ADOL	ACC	Define "community health". Could it include youth programs after school and during summer break months? Improved local access to, community and home, mental health services. Improved, healthier, school lunch menus.
1116	66418	Good	Decreasing - slipping downward	SH	ADOL		school-based therapists, hired through Kanza
1158	66436	Good	Increasing - moving up	SPRT	ADOL		Group therapy for kids or families. Our youth are struggling emotionally, academically and socially due to this pandemic.
1040	66436	Good	Not really changing much	SUIC	BH		Suicide prevention initiatives. Mental health initiatives.
1029	66436	Very Good	Increasing - moving up	SUIC			Obesity prevention/physical exercise, Suicide taskforce
1063	66416	Good	Not really changing much	SUIC			Behavioral/Mental Health for all ages. Substance Abuse Programs Suicide
1165	66436	Very Good	Increasing - moving up	VIO			Domestic abuse program/resource/training

Let Your Voice Be Heard!

In 2018, Holton Community Hospital surveyed the community to assess health needs. Today, we request your input again in order to create a 2021 Jackson County (KS) Community Health Needs Assessment (CHNA).

To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! Deadline to participate is October 14th, 2021

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

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

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

- ◯ Increasing - moving up
- ◯ Not really changing much
- ◯ Decreasing - slipping downward

Please specify why.

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

4. In your opinion, are there healthcare services in our community/your neighborhood that you feel need to be improved, worked on and/or changed? (Be specific)

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

- [ ] Affordable Senior Housing
- [ ] Awareness of Healthcare Services
- [ ] Behavioral / Mental Health
- [ ] Cancer
- [ ] Domestic Violence
- [ ] Drug / Substance Abuse
- [ ] Economic Development
- [ ] Food Insecurity
- [ ] Language Barriers
- [ ] Obesity
- [ ] OB Services
- [ ] Poverty
- [ ] Preventative Health Education
- [ ] Transportation
- [ ] Visiting Specialists

6. Which past CHNA needs are NOW the "most pressing" for improvement? Please select top three.

- [ ] Affordable Senior Housing
- [ ] Awareness of Healthcare Services
- [ ] Behavioral / Mental Health
- [ ] Cancer
- [ ] Domestic Violence
- [ ] Drug / Substance Abuse
- [ ] Economic Development
- [ ] Food Insecurity
- [ ] Language Barriers
- [ ] Obesity
- [ ] OB Services
- [ ] Poverty
- [ ] Preventative Health Education
- [ ] Transportation
- [ ] Visiting Specialists

7. In your opinion, what are the root causes of "poor health" in our community? Please select top three.

- [ ] Chronic Disease
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition/Exercise Services
- [ ] Limited Access to Primary Care
- [ ] Limited Access Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance programs
- [ ] Lack of Health Insurance
- [ ] Neglect

Other (Be Specific).

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/Palliative	○	○	○	○	○
Telehealth	○	○	○	○	○

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

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services					
Mental Health Services					
Nursing Home/Senior Living					
Outpatient Services					
Pharmacy					
Primary Care					
Public Health					
School Health					
Visiting Specialists					
Walk-In Clinic Access					

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

	Very Good	Good	Fair	Poor	Very Poor
Behavioral/Mental Health					
Emergency Preparedness					
Food and Nutrition Services/Education					
Health Screenings/Education					
Prenatal/Child Health Programs					
Substance Use/Prevention					
Suicide Prevention					
Violence/Abuse Prevention					
Women's Wellness Programs					

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

- Yes
- No

If yes, please specify your thoughts.

12. Over the past 2 years, did you or someone in your household receive healthcare services outside of Jackson County?

- Yes
- No

If yes, please specify the services received

13. Access to care is vital. Are there enough providers/staff available at the right times to care for you and our community?

- Yes
- No

If NO, please specify what is needed where. Be specific.

14. What "new" community health programs should be created to meet current community health needs?

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
- [ ] Access to Health Education
- [ ] Alcohol
- [ ] Alternative Medicine
- [ ] Behavioral/Mental Health
- [ ] Breastfeeding Friendly Workplace
- [ ] Cancer
- [ ] Care Coordination
- [ ] Diabetes
- [ ] Drugs/Substance Abuse
- [ ] Family Planning
- [ ] Health Literacy
- [ ] Heart Disease
- [ ] Housing
- [ ] Lack of Providers/Qualified Staff
- [ ] Lead Exposure
- [ ] Neglect
- [ ] Nutrition
- [ ] Obesity
- [ ] Occupational Medicine
- [ ] Ozone (Air)
- [ ] Physical Exercise
- [ ] Poverty
- [ ] Preventative Health/Wellness
- [ ] Sexually Transmitted Diseases
- [ ] Suicide
- [ ] Teen Pregnancy
- [ ] Telehealth
- [ ] Tobacco Use
- [ ] Transportation
- [ ] Vaccinations
- [ ] Water Quality

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

Other (Please specify).

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305

VVV Consultants LLC

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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