Community Health Needs Assessment

Jackson County, KS

On Behalf of Holton Community Hospital

December 2024

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment
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I. Executive Summary

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I. Executive Summary

Holton Community Hospital (Primary Service Area) – Jackson County, KS - 2024 Community Health Needs Assessment (CHNA)

The previous Community Health Needs Assessment for Holton Community Hospital (HCH) and its primary service area was completed in 2022. (Note: The Patient Protection and Affordable Care Act (ACA) requires non-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). The Round 5 Jackson County, KS CHNA began in June of 2024 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, providers, and other residents to research and prioritize county health needs while documenting 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 a 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.) Guides the hospital and local health department on how they can align their services and community benefit programs to best meet needs, and 8.) fulfills the Hospital's "Mission" to deliver.

County Health Area of Future Focus on Unmet Needs

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

Jackson County, KS				
2024 CHNA Unmet Needs - Town Hall 11/7/24				
Holton Community Hospital PSA (32 Attendees, 127 Total Votes)				
#	**Community Health Needs to Change and/or Improve**	**Votes**	**%**	**Accum**
1	Mental Health (Diagnosis, Placement, Aftercare, Providers)	25	20%	20%
2	Obesity (Affordable Fitness & Nutrition)	23	18%	38%
3	Substance Abuse (Drugs)	21	17%	54%
4	Chronic Disease Management / Education	17	13%	68%
5	Adequate Housing	14	11%	79%
6	Uninsured (Lack of Medicaid)	7	6%	84%
7	Senior Health (Quality)	7	6%	90%
	Total Votes	127		
Other Items receiving votes: Childcare, Dental, Economic Development, and STIs				

Town Hall CHNA Findings: Areas of Strengths

Jackson County, KS - Community Health Strengths			
#	**Topic**	#	**Topic**
1	Having Enough Providers	5	Quality of Life
2	Quality of Healthcare	6	Senior Center
3	Low Crime Rate	7	EMS
4	Local Hospital Equipment & Facilities	8	Community Support

Key CHNA Round #5 Secondary Research Conclusions Found:

KANSAS HEALTH RANKINGS: According to the 2023 Robert Woods Johnson County Health Rankings, Jackson Co, KS, on average was ranked 32nd in Health Outcomes, 56th in Health Factors, and 78th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Jackson County's population is 13,286 (based on 2023 findings). About seven percent (6.5%) of the population is under the age of 5, while the population that is over 65 years old is 20%. Children in single parent households make up a total of 18.4% compared to the rural norm of 15.8%, and 87% are living in the same house as one year ago.

TAB 2. In Jackson County, the average per capita income is $32,499 while 8.8% of the population is in poverty. The severe housing problem was recorded at 13.5% compared to the rural norm of 10%. Those with food insecurity in Jackson County is 11%, and those having limited access to healthy foods (store) is 5.6%. Individuals recorded as having a long commute while driving alone is 43.2% compared to the norm of 34.6%.

TAB 3. Children eligible for a free or reduced-price lunch in Jackson County is 41.1%. Findings found that 93.8% of Jackson County ages 25 and above graduated from high school while 21% have a bachelor's degree or higher.

TAB 4. The percentage of births where prenatal care began in the first trimester was recorded at 74.1% compared to the rural norm of 79%. Additionally, the percentage of births with low birth weight was 7.1%. Jackson County recorded 6.1% of births occurring to teens between ages 15-19. The percentage of births where mothers smoked during pregnancy was 10.9% compared to the rural norm of 10.8%.

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 779 residents. There were 2,709 preventable hospital stays in compared to the rural norm of 3,301. Patients who gave their hospital a rating of 9 or 10 (scale 0-10) was 88% while patients who reported they would definitely recommend the hospital was recorded at 89%. The average time patients spent in the emergency department before leaving was 117 minutes.

Secondary Research Continued

TAB 6. In Jackson County, adults ever diagnosed with depression as of 2021 was 21%. The Mental Behavioral hospital admissions rate per 100k was 60.2 compared to the rural norm of 58.2.

TAB 7a – 7b. Jackson County has an obesity percentage of 37.1% and a physical inactivity percentage is 23%. The percentage of adults who smoke is 19.5%, while the excessive drinking percentage is 19.2%. The percentage of adults who have taken medication for high blood pressure is 81%, while their heart failure admissions rate was recorded at 26.4. Those with kidney disease is 3.3% compared to the rural norm of 3.2%. The percentage of adult individuals who were recorded with cancer was 8.2% while adults recorded with diabetes (20+) is 8.1% compared to the rural norm of 8.4%.

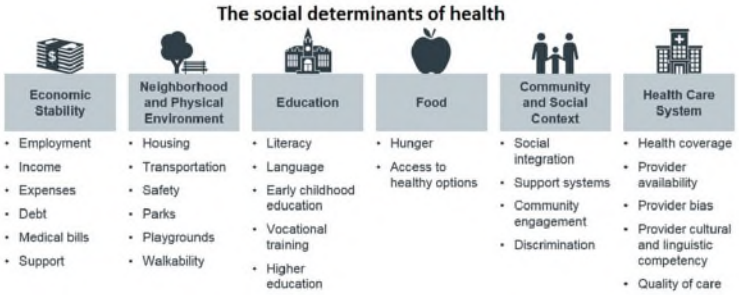
TAB 8. The adult uninsured rate for Jackson County is 12.1% compared to the rural norm of only 9.6%.

TAB 9. The life expectancy rate in Jackson County for males and females is roughly 78 years of age (78.2). Alcohol-impaired driving deaths for Jackson County is 25% while age-adjusted Cancer Mortality rate per 100,000 is 131.8. The age-adjusted heart disease mortality rate per 100,000 is at 199.8.

TAB 10. A recorded 48.8% of Jackson County has access to exercise opportunities. Continually, 45% of women have done a mammography screening compared to the rural norm of 43.3%. Adults recorded in Jackson County who have had regular routine check-ups are 76.4%.

Social Determinants Views Driving Community Health: From Town Hall conversations the Economy followed by Provider Access and then Community/Social Support are impacting community health, see Sec V for a detailed analysis.

Social Determinants Online Community Feedback – HCH PSA N= 279



KEY "Social Determinant Takeaways" to Improve Our Community Health	
Outlier communities from Holton do not have the same access to health/wellness activities taking place within their community.	More information on availability of nutritional services. I.e food pantry, catholic charities
Affordable housing is a major issue as well. Perhaps zoning regulations to allow more multifamily housing	I think having a community fitness center would be a HUGE addition to our community.
Economic development that promotes business wanting to come to our area and be local and employ local, this drives everything else.	Education Access: Partner up with the K-12 surrounding schools to present on things like going to the dentist, doctor, eye doctor, and a balanced meal.

Key CHNA Round #5 Primary Research Conclusions Found:

Community feedback from residents, community leaders, and providers (N=279) provided the following community insights via an online perception survey:

- Using a Likert scale, the 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 77.7%.

- Jackson County stakeholders are very satisfied with some of the following services: Ambulance Services, Chiropractors, Inpatient Hospital Services, Outpatient Hospital Services, Pharmacy, Primary Care, Public Health, and Visiting Specialists.

- When considering past CHNA needs, the following topics came up as the most pressing: Mental Health (Diagnosis, Placement, Aftercare, Providers), Adequate Housing, Child Care (Under 18M), Drug/Substance Abuse, Obesity (Nutrition/Exercise), Dental Services taking Medicaid, Awareness of Health Services, and Uninsured/Underinsured.

Jackson County, KS - CHNA YR 2024 N=279					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Placement, Aftercare, Providers)	129	15.4%		1
2	Drug/Substance Abuse	83	9.9%		4
3	Adequate Housing	82	9.8%		2
4	Child Care (Under 18M)	82	9.8%		3
5	Obesity (Nutrition/Exercise)	75	8.9%		5
6	Dental Services taking Medicaid	57	6.8%		6
7	Uninsured/ Underinsured	56	6.7%		8
8	Transportation	50	6.0%		13
9	Language Translators	49	5.8%		9
10	Healthy Foods	49	5.8%		12
11	Teen Health (Education)	45	5.4%		11
12	Awareness of Health Services	43	5.1%		7
13	Economic Development	40	4.8%		10
	Totals	840	100.0%		

II. Methodology

II. Methodology

a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital 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.).

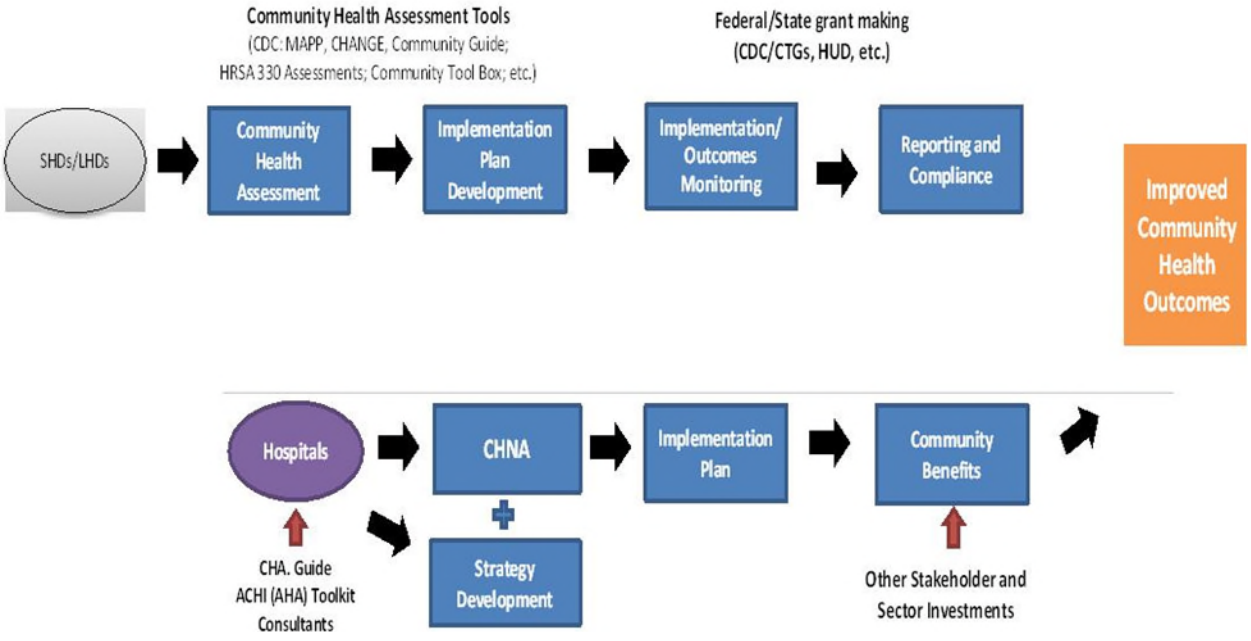
JOB #2: Making a CHNA Widely Available to the Public

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.

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.

Round #5 CHNA focuses on Social Determinants & Health Equity.

Centers for Medicare & Medicaid Services Health Equity Domains

CMS' Hospital Commitment to Health Equity has introduced two equity-focused process measures in 2023: screening for Social Drivers of Health (SDOH-01) and Screen Positive Rate for Social Drivers of Health (SDOH-02). (Although these measures will not be required until 2024, it is highly recommended that hospitals begin tracking them in 2023.)

Domain 1: Equity as a Strategic Priority

The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection

The hospital is engaging in the following three key data collection activities.

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients
- Training staff in the culturally sensitive collection of demographics and SDOH information
- Inputting patient demographic and/ or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis

The hospital stratifies key performance indicators by demographic and/ or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement

The hospital participates in local, regional and or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement

The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities.

- Annual reviews of the hospital's strategic plan for achieving health equity
- Annual reviews of key performance indicators stratified by demographic and/ or social factors.

Sources:
The Joint Commission. (2022, June 20). R3 Report: New Requirements to Reduce Health Care Disparities. Retrieved from https://www.jointcommission.org/-/media/tje/documents/standards/r3-reports/r3_disparities_july2022-6-20-2022.pdf

Health Equity Innovation Network. (2022, August 29). Quick Start Guide: Hospital Commission to Health Equity Measure. Retrieved from https://hqin.org/wp-content/uploads/2022/08/Quick-Start-Guide-Hospital-Commitment-to-Health-Equity-Measure.pdf

The Joint Commission (TJC) Elements of Performance - Regulatory and Accreditation Requirements Related to Health Equity and Social Determinants of Health

New and revised TJC requirements to reduce health care disparities went into effect Jan. 1, 2023. Below are the six elements of performance.

Element of Performance 1:

The organization designates an individual to lead activities aimed at reducing healthcare disparities. **(Hospital Responsibility)**

Element of Performance 2:

The organization assesses the patient's health-related social needs and provides information about community resources and support services. **(CHNA full report- Section I and III)**

Examples of health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills.
- Education and literacy
- Food insecurity
- Housing insecurity

Element of Performance 3:

The organization identifies healthcare disparities in its patient population by stratifying quality and safety data. **(CHNA Town Hall)** Examples of sociodemographic characteristics may include but are not limited to the following: Age, Gender, Preferred Language, Race, and ethnicity.

Element of Performance 4:

The organization develops a written action plan that describes how it will address at least one of the healthcare disparities identified. **(CHNA IMPL Development Plan)**

Element of Performance 5:

The organization acts when it does not achieve or sustain goal(s) in its action plan to reduce health care disparities.

Element of Performance 6:

At least annually, the organization informs key stakeholders, identifying leaders, licensed practitioners, and staff, about its progress in reducing identified healthcare disparities. **(Hospital Responsibility)**

II. Methodology
b) Collaborating CHNA Parties

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

Holton Community Hospital

1110 Columbine Drive
Holton, KS 66436

715-364-2116
CEO: Carrie Lutz

History: Holton Community Hospital opened its doors on May 12th, 1938, led by Dr. Roy Moser and Dr. Ernest Moser. The original facility at 418 West 5th Street had to be expanded numerous times to meet increasing demands for bed space and health services. Dr. Ross Moser joined the hospital staff in 1948, with another new wing the following year. In 1966, the Mosers gave the hospital to the City of Holton. The demands of Medicare had made administrative work overwhelming, with less time for patient care. Under public ownership, the hospital was governed by a three-member elected board and managed by a full-time administrator. The name changed from Holton Hospital to Holton City Hospital. Dr. Roy Moser and Dr. Ernest Moser retired from the hospital in 1972, and Dr. Ross Moser retired in 1985.

In 1990, the hospital changed its name to Holton Community Hospital to reflect the large area and populations served. In 1993, the hospital started fundraising to construct an entirely new facility. Construction began in 1997, and the new facility opened its doors on January 4, 1999. In September of 2019 Holton Community Hospital embarked on a major renovation and expansion project which brings us to our current facility. Holton Community Hospital proudly cares for generations of our neighbors in northeast Kansas.

Mission Statement: The mission of Holton Community Hospital is to provide professional, compassion, and excellence in healthcare for a healthier community. We strive to meet our mission and are proud to serve our communities.

Vision Statement: We deliver patient-centered care, leverage innovative technology, and collaborate with the highest-quality specialty services to be Kansas's most trusted healthcare destination.

Holton Community Hospital offers the following services to its community:

- Advanced Wound Healing Clinic
- Cardiovascular Services
- Emergency
- Imaging Services
- Laboratory Services
- Medication Infusions and Injections
- Outpatient Infusion Therapy
- Radiology Services
- Rehabilitation Services
- Senior Life Solutions
- Specialty Clinics
- Swing Bed and Skilled Nursing
- Services
- Weight Loss Management

Jackson County Health Department Profile

Northeast Kansas Multi County Health Department
312 Pennsylvania Avenue, Holton, KS 66436
Phone: 785-364-2670
Fax: 785-364-3001

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

Mission: To ensure quality services by informing, educating, and empowering the community to be healthier.

Our Vision: Working together for a Healthy Community.

Northwest Kansas Multi County Health Department offers the following services to the community**:**

- Adult and Child Health Assessments
- Blood Pressure Screenings
- Communicable Disease Control
- Family Planning
- Foot Care
- Healthy Start visits to mothers and newborns
- Hearing Screenings
- Hemoglobin Screening
- Immunizations
- KanBe Healthy Physicals
- Lab Services
- Lead Exposure Testing
- Maternal and Child Health Program
- Pregnancy Tests
- Tobacco-Use Reduction Efforts
- Urinalysis
- Vision Testing
- WIC

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 83 unique community CHNA's in KS, MO, IA, NE and WI (references found on our website VandehaarMarketing.com

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, create processes to improve market performance, champion a turnaround, and uncover strategic "critical success" initiatives.

Our Vision: to meet today's challenges with the voice of the market solutions.

Our Values:

Engaged – we are actively involved in community relations & boards.
Reliable – we do what we say we are going to do.
Skilled – we understand business because we've been there.
Innovative – we are process-driven & think "out of the box."
Accountable – we provide clients with a return on their investment.

II. Methodology

c) CHNA and Town Hall Research Process

Round #5 Community Health Needs Assessment (CHNA) process began in June of 2024 for Holton Community Hospital in Jackson County, KS to meet Federal IRS CHNA requirements.

In early June 2024, 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 Hays Medical Center to request VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80% 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% Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Holton Community Hospital- Defined Primary Serv Area				Overall Utilization (IP/ER/OP/Clinic)		
		TOTALS	86,079	YR 21, YR22, YR23		
#	ZIP	City	County	Total 3YR	%	ACCUM
1	66436	Holton	Jackson	**47,035**	54.8%	47.0%
2	66509	Mayetta	Jackson	**9,958**	11.6%	58.6%
3	66440	Hoyt	Jackson	**5,200**	6.1%	64.7%
4	66416	Circleville	Jackson	**2,791**	3.3%	67.9%
5	66552	Whiting	Jackson	**2,650**	3.1%	71.0%
6	66516	Netawaka	Jackson	**2,317**	2.7%	73.7%
7	66419	Denison	Jackson	**2,275**	2.6%	76.3%
8	66540	Soldier	Jackson	**1,889**	2.2%	78.5%
9	66418	Delia	Jackson	**628**	0.7%	79.3%
10	66439	Horton	Brown	**4,424**	5.2%	84.4%

Specific project CHNA roles, responsibilities, and timelines are documented in the following calendar.

Holton Community Hospital - Jackson Co KS			
VVV CHNA Round #5 Work Plan - Year 2025			
Project Timeline & Roles - Working Draft as of 11/5/24			
Step	**Timeframe**	**Lead**	**Task**
1	5/21/2024	VVV / Hosp	Meeting Leadership information regarding CHNA Round #5 for review.
2	6/2/2024	Hosp	Select/approve CHNA Round #5 Option B - VVV quote—work to start 8/1/24.
3	7/1/2024	VVV	Request KHA PO reports for YR 21, 22 and 23. Send out **REQCommInvite Excel** file. Request HOSP & HLTH Dept to fill in KEY PSA Stakeholders Names /Emails/ Organizations etc.
4	7/31/2024	VVV	**Hold Client Kick-off Meeting.** Review CHNA process / timeline and IRS Regs with leadership. Request hospital client to review PSA (IP/OP/ER) and add Clinic patient origin counts. (Use **ZipPSA_3yrPOrigin.xls**)
5	Aug. - Sept. 2024	VVV	Begin to assemble & complete Secondary Research - Find/populate 10 TABS health indicators. Create Town Hall ppt for presentation.
6	on or before 8/15/24	VVV	Prepare CHNA Round#5 Stakeholder Feedback "online link". Send the hospital client an online link (English / optional Spanish) for review.
7	on or before 8/28/24	VVV / Hosp	Prepare/send out PR #1 story / E Mail (E1) Request announcing upcoming CHNA work to CEO to review/approve.
8	on or before 8/28/24	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Round #5 feedback". Request public to participate. Send E Mail request (bcc) to local stakeholders
9	**9/4/2024**	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. **Cut-off 10/14/2024 for Online Survey**
10	10/10/2024	VVV / Hosp	Prepare/send out PR #2 story / E Mail (E2) Request announcing upcoming Town Hall. VVV send to CEO to review/approve.
11	10/14/2024	Hosp	Place PR #2 story to local media announcing upcoming Town Hall. Send E#2 request to local stakeholders.
12	11/5/2024	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	**November 7th, 2024**	VVV	Conduct CHNA Town Hall. **Dinner 5:00-6:30pm (Courtyard on the Square).** Review & Discuss Basic health data / determine unmet needs.
14	On or Before 12/6/24	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 12/18/25	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	Dec 17, 2025	Both	Conduct Client Implementation Plan PSA Leadership meeting 11am-12:30
17	On or Before 12/31/2024	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

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

Phase I—Discovery:

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

Phase II—Qualify Community Need:

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

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

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

2025 Community Health Needs Assessment
Holton Community Hospital

Jackson County, KS

Town Hall Meeting- Thursday 11/7/24

VVV Consultants LLC

Olathe, Kansas 66061

VandehaarMarketing.com

913-302-7264

1

Community Health Needs Assessment (CHNA)
Onsite Town Hall Discussion Agenda

- **Opening Welcome / Introductions / Review CHNA Purpose and Process** (5 mins)
- **Discuss New Focus: Social Determinants of Health** (5 mins)
- **Review Current Service Area "Health Status"**
  - *Review Secondary Health Indicator Data (10 TABs)*
  - *Review Community Online Feedback* (30 mins)
- **Collect Community Health Perspectives**
  - ***Share Table Reflections*** *to verify key takeaways*
  - ***Conduct an Open Community Conversation / Stakeholder***
  - ***Vote to determine the Most Important Unmet Needs*** *(45 mins)*
- **Close / Next Steps** (5 mins)

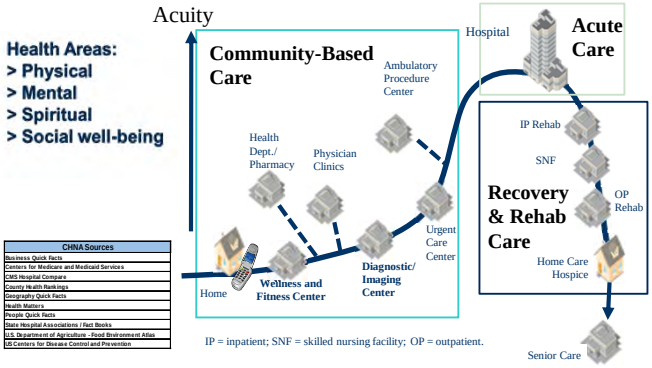
3

Town Hall Participation / Purpose & Parking Lot

- ALL attendees practice "Safe Engagement", working together in table teams.
- ALL attendees are welcome to share. Engaging conversation (No right or wrong answer)
- Request ALL to Take Notes of important health indicators
- Please give truthful responses – Serious community conversation.
- Discuss (Speak up) to uncover unmet health needs
- Have a little fun along the way

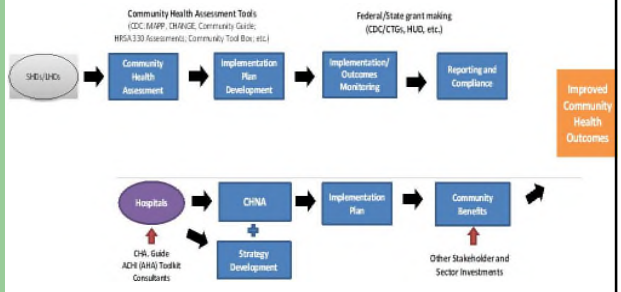
6

System of Care Delivery
Birth to Grave (SG2)



7

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



8

A Conversation with the Community & Stakeholders

Community Stakeholder – An Inclusive Conversation

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

9

II. Review of a CHNA

- What is a Community Health Needs Assessment (CHNA)..?
  - 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)

10

CHNA Written Report Documentation to meet IRS 990 CHNA Requirements: 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 healthcare facilities and other resources within the community available to meet the needs identified through the CHNA

11

Social Determinants of Health

Social determinants of health are the conditions in the places where people live, learn, work, play, and worship **that affect a wide range of health risks and outcomes**.

Health equity is when everyone has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

TASK A: Your Initial Thoughts on SDoH? (Small White Card)

12

Define Service Area Draw

HCH- Defined Primary Serv Area				Overall (IP/ER/OP/PC		
		TOTALS	86,079			
#	ZIP	City	County	Total 3YR	%	ACCUM
1	66436	Holton	Jackson	**47,035**	45.7%	45.7%
2	66509	Mayetta	Jackson	**9,958**	9.7%	55.3%
3	66440	Hoyt	Jackson	**5,200**	5.0%	60.4%
4	66439	Horton	Brown	**4,424**	4.3%	64.7%
5	66550	Wetmore	Nemaha	**3,199**	3.1%	67.8%
6	66416	Circleville	Jackson	**2,791**	2.7%	70.5%
7	66552	Whiting	Jackson	**2,650**	2.6%	73.0%
8	66088	Valley Falls	Jefferson	**2,411**	2.3%	75.4%
9	66516	Netawaka	Jackson	**2,317**	2.2%	77.6%
10	66419	Denison	Jackson	**2,275**	2.2%	79.8%
11	66540	Soldier	Jackson	**1,889**	1.8%	81.7%

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IV. Review Current County Health Status:

Secondary Data by 10 Tab Categories with a focus on Social Determinants with a Local Norm & 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

14

Primary Research- HCH PSA

Online Feedback (N=250)

Jackson County, KS - CHNA YR 2025 N=250			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Jackson Co KS N=250	Trend	*Round #5 Norms N=4,247
Abuse/Violence	23.7%		3.6%
Access to Health Education	23.7%		3.1%
Alcohol	20.1%		3.8%
Alternative Medicine	17.3%		3.4%
Behavioral/Mental Health	51.8%		8.7%
Breastfeeding Friendly Workplace	5.0%		1.1%
Cancer	12.2%		2.6%
Care Coordination	16.5%		2.9%
Diabetes	15.8%		2.6%
Drugs/Substance Abuse	41.0%		6.7%
Family Planning	12.9%		1.8%
Health Literacy	19.4%		2.9%
Heart Disease	10.8%		1.6%
Housing	32.4%		6.3%
Lack of Providers/Qualified Staff	22.3%		5.0%
Lead Exposure	3.6%		0.4%
Neglect	13.7%		1.9%
Nutrition	25.2%		4.1%
Obesity	30.9%		5.1%
Occupational Medicine	5.0%		0.6%
Ozone (Air)	2.2%		0.4%
Physical Exercise	30.2%		4.6%
Poverty	28.1%		4.4%
Preventative Health/Wellness	29.5%		5.1%
Sexually Transmitted Diseases	5.8%		1.3%
Suicide	32.4%		5.6%
Teen Pregnancy	6.5%		1.6%
Telehealth	8.6%		2.1%
Tobacco Use	10.8%		1.9%
Transportation	20.1%		2.7%
Vaccinations	9.4%		1.9%
Water Quality	6.5%		2.6%
TOTAL Votes	825		12,079

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

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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:

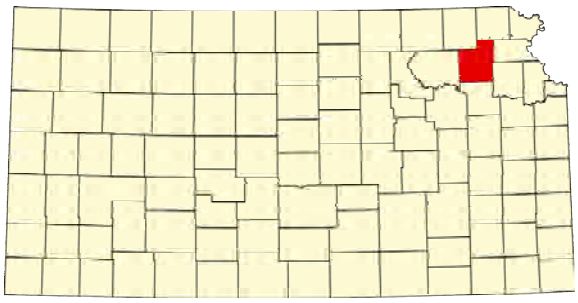
CHNA Detail Sources
Quick Facts - Business
Centers for Medicare and Medicaid Services
CMS Hospital Compare
County Health Rankings
Quick Facts - Geography
Kansas Health Matters
Kansas Hospital Association (KHA)
Quick Facts - People
U.S. Department of Agriculture - Food Environment Atlas
U.S. Center for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

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

Jackson County 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.

Schools in Jackson County (KS): Public Schools[1]

Public Schools

Name	Level
Holton High	901 New York Holton, KS 66436
Holton Middle	900 Iowa Street Holton, KS 66436
Jackson Heights Elementary School	12763 266th Road Holton, KS 66436
Jackson Heights High School & Middle School	12719 266th Road Holton, KS 66436
Royal Valley Elementary	1st and Highland Hoyt, KS 66440
Royal Valley High	101 E 1st Hoyt, KS 66440

[1] https://www.jacksoncountyks.com/219/Communities

Jackson Co (KS) - Detail Demographic Profile

				Population			Households			
ZIP	NAME	ST	County	Year 2023	Year 2028	5yr CHG	Year 2023	Year 2028	HH Avg Size23	Per Capita23
66416	Circleville	KS	JACKSON	442	432	-2.3%	165	165	2.7	$28,925
66418	Delia	KS	JACKSON	708	694	-2.0%	210	207	3.3	$23,952
66419	Denison	KS	JACKSON	415	408	-1.7%	146	145	2.8	$40,316
66436	Holton	KS	JACKSON	5,780	5,761	-0.3%	2,335	2,356	2.4	$28,654
66440	Hoyt	KS	JACKSON	1,965	1,924	-2.1%	770	769	2.6	$28,230
66509	Mayetta	KS	JACKSON	2,469	2,428	-1.7%	902	900	2.7	$29,114
66516	Netawaka	KS	JACKSON	314	307	-2.2%	132	131	2.4	$39,402
66540	Soldier	KS	JACKSON	471	462	-1.9%	178	177	2.7	$29,550
66552	Whiting	KS	JACKSON	361	356	-1.4%	139	139	2.6	$25,880
Totals				**12,925**	**12,772**	**-1.7%**	**4,977**	**4,989**	**2.7**	**$30,447**

				Population				Year 2023		Females
ZIP	NAME	ST	County	Pop 21+	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66416	Circleville	KS	JACKSON	316	94	124	101	228	214	56
66418	Delia	KS	JACKSON	492	118	204	156	351	357	163
66419	Denison	KS	JACKSON	289	75	119	97	215	200	64
66436	Holton	KS	JACKSON	4,303	1,356	1,415	1,277	2,864	2,916	966
66440	Hoyt	KS	JACKSON	1,442	370	503	492	1,018	947	336
66509	Mayetta	KS	JACKSON	1,815	471	629	594	1,247	1,222	417
66516	Netawaka	KS	JACKSON	247	77	64	77	161	153	40
66540	Soldier	KS	JACKSON	341	102	126	101	229	242	80
66552	Whiting	KS	JACKSON	276	86	81	84	180	181	48
Totals				**9,521**	**2,749**	**3,265**	**2,979**	**6,493**	**6,432**	**2,170**

				Population 2023				Year 2023		
ZIP	NAME	ST	County	White%	Black%	Asian%	Hispan%	Housing Units	% Rentals	Soc Econ Index
66416	Circleville	KS	JACKSON	89.4%	0.0%	0.0%	2.0%	183	12.6%	71
66418	Delia	KS	JACKSON	50.4%	0.4%	0.0%	5.9%	240	18.3%	50
66419	Denison	KS	JACKSON	89.9%	0.2%	0.2%	2.9%	175	5.1%	69
66436	Holton	KS	JACKSON	86.5%	1.2%	0.4%	6.3%	2,593	27.5%	51
66440	Hoyt	KS	JACKSON	80.1%	0.5%	0.3%	4.3%	830	12.2%	58
66509	Mayetta	KS	JACKSON	69.7%	0.6%	0.1%	4.7%	991	14.1%	56
66516	Netawaka	KS	JACKSON	80.6%	0.0%	0.0%	3.2%	154	14.3%	58
66540	Soldier	KS	JACKSON	86.6%	0.0%	0.2%	1.7%	204	14.7%	64
66552	Whiting	KS	JACKSON	89.2%	1.4%	0.0%	2.5%	161	14.3%	48
Totals				**80.3%**	**0.5%**	**0.1%**	**3.7%**	**5,531**	**14.8%**	**58**

Source: ERSA Demographics 2023

III. Community Health Status

[VVV Consultants LLC]

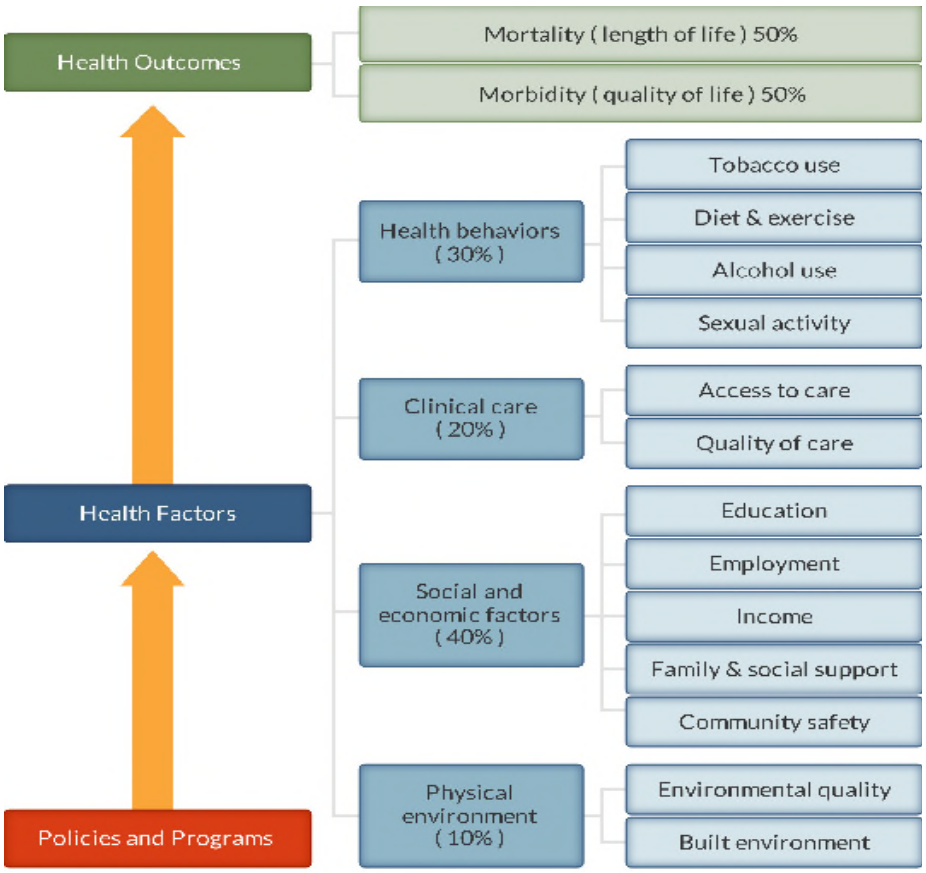
III. Community Health Status

a) Historical Health Statistics- Secondary Research

Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 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 uses a number of health factors to rank each county.



County Health Rankings model ©2012 UWPHI

National Research – Year 2023 RWJ Health Rankings:

#	2023 KS Rankings - 105 Counties	Definitions	Jackson County 2023	Jackson County 2021	Trend	NECKS Norm (N=12)
1	Health Outcomes		32	30		29
	Mortality	Length of Life	25	31	+	27
	Morbidity	Quality of Life	44	48		33
2	Health Factors		56	63		45
	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	62	80	-	49
	Clinical Care	Access to care / Quality of Care	51	55		43
	Social & Economic Factors	Education, Employment, Income, Family/Social Support, Community Safety	45	51	+	39
3	Physical Environment	Environmental quality	78	57	-	76

NECKS Counties: Anderson, Atchison, Brown, Chase, Coffey, Doniphan, Franklin, Greenwood, Jackson, Jefferson, Linn, Lyon, Miami, Marshall, Morris, Nemaha, Osage. Pottawatomie, Riley, and Wabaunese

PSA Secondary Research:

When studying community health, it is 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.

1		Population Health Indicators	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Population estimates, 2020-2022	13,286	13,171		2,936,716	16,204	People Quick Facts
	b	Persons under 5 years, percent, 2020-2022	6.5%	6.8%		6.0%	5.9%	People Quick Facts
	c	Persons 65 years and over, percent, 2020-2022	20.0%	19.4%		17.2%	19.9%	People Quick Facts
	d	Female persons, percent, 2020-2022	49.3%	49.8%		49.8%	49.4%	People Quick Facts
	e	White alone, percent, 2020-2022	85.6%	86.0%		85.9%	92.6%	People Quick Facts
	f	Black or African American alone, percent, 2020-2022	1.3%	0.9%		6.2%	1.7%	People Quick Facts
	g	Hispanic or Latino, percent, 2020-2022	5.7%	4.8%		13.0%	4.3%	People Quick Facts
	h	Language other than English spoken at home, percent of persons age 5 years+, 2017-2021	4.0%	3.1%		11.8%	17.7%	People Quick Facts
	i	Living in same house 1 year ago, percent of persons age 1 year+, 2017-2021	87.0%	86.8%		84.4%	75.3%	People Quick Facts
	j	Children in single-parent households, percent, 2018-2022	18.4%	23.0%	+	21.0%	15.8%	County Health Rankings
	k	Veterans, 2017-2021	576	516		163,472	1,041	People Quick Facts

Tab 2: Economic Profile

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

2		Economic - Health Indicators	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Per capita income in past 12 months (in 2021 dollars), 2017-2021	$32,499	$29,558	+	$38,108	34,058	People Quick Facts
	b	Persons in poverty, percent, 2020-2022	8.8%	10.9%	+	12.0%	10.0%	People Quick Facts
	c	Total Housing units, 2022	5,653	5,900		1,292,622	6,992	People Quick Facts
	d	Persons per household, 2017-2021	2.5	2.4		2.5	2.5	People Quick Facts
	e	Severe housing problems, percent, 2016-2020	13.5%	10.6%	-	12.5%	10.0%	County Health Rankings
	f	Total employer establishments, 2021	253	NA		75,057	368	Business Quick Facts
	g	Unemployment, percent, 2022	2.6%	2.9%		3.2%	2.7%	County Health Rankings
	h	Food insecurity, percent, 2021	11.0%	12.2%		9.7%	10.0%	County Health Rankings
	i	Limited access to healthy foods, percent, 2019	5.6%	4.6%	+	8.4%	8.6%	County Health Rankings
	j	Long commute - driving alone, percent, 2018-2022	43.2%	39.4%	-	21.7%	34.6%	County Health Rankings
	k	Community Spend on Food, 2023 *SDOH	13.2%	NA		12.7%	13.2%	Kansas Health Matters
	l	Community Spend on Transportation, 2023 *SDOH	19.7%	NA		18.1%	19.8%	Kansas Health Matters
	m	Households With Internet Sub (2017-2021) *SDOH	83.6%	NA		86.7%	82.6%	Kansas Health Matters
	n	Student Loan Spending-to-Income, 2023 *SDOH	4.1%	NA		4.6%	4.5%	Kansas Health Matters

Tab 3: Educational Profile

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

3		Education - Health Indicators	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Children eligible for free or reduced price lunch, percent, 2021-2022	41.1%	41.4%		48.0%	39.5%	County Health Rankings
	b	High school graduate or higher, percent of persons age 25 years+, 2017-2021	93.8%	91.2%	+	91.0%	93.8%	People Quick Facts
	c	Bachelor's degree or higher, percent of persons age 25 years+, 2017-2021	21.0%	21.4%		34.7%	24.4%	People Quick Facts

Tab 4: Maternal / Infant Profile

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

4		Maternal/Infant - Health Indicators (Access/Quality)	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Percent of Births Where Prenatal Care began in First Trimester, 2019-2021	74.1%	73.5%		81.3%	79.0%	Kansas Health Matters
	b	Percentage of Premature Births, 2019-2021	9.7%	9.9%		9.1%	9.2%	Kansas Health Matters
	c	Percent of Infants up to 24 months that received full Immunizations, 2017-2018	79.1%	79.1%		69.2%	75.1%	Kansas Health Matters
	d	Percent of Births with Low Birth Weight, 2019-2021	7.1%	6.0%	+	7.3%	6.3%	Kansas Health Matters
	e	Percent of all Births Occurring to Teens (15-19), 2019-2021	6.1%	7.0%		5.5%	4.3%	Kansas Health Matters
	f	Percent of births Where Mother Smoked During Pregnancy, 2019-2021	10.9%	12.2%		10.0%	10.8%	Kansas Health Matters

#	Vital Satistics Rate per 1,000	Jackson Co. 2022	Trend	Kansas 2022
a	Total Live Births, 2017 (%)	12.4		12.5
b	Total Live Births, 2018	12.0		12.5
c	Total Live Births, 2019	12.0		12.1
d	Total Live Births, 2020	11.5		11.8
e	Total Live Births, 2021	10.4		11.8
f	Total Live Births, 2017- 2021 - 5 Yr (%)	11.7%		12.7%

Tab 5: Hospitalization and Provider Profile

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

5		Hospital/Provider - Health Indicators (Access/Quality)	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Primary Care Physicians (Pop Coverage per MDs & DOs) - No extenders Included, 2021	779:1	1476:1		1260:1	1918:1	County Health Rankings
	b	Preventable hospital rate per 100,000, 2021 (lower the better)	2,709	5,171		2,708	3,301	County Health Rankings
	c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	88%	83%	+	78%	79%	CMS Hospital Compare, Latest Release
	d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	89%	82%	+	77%	75%	CMS Hospital Compare, Latest Release
	e	Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	117	102	-	112	111	CMS Hospital Compare, Latest Release

Tab 6: Behavioral / Mental Health Profile

Behavioral healthcare provides another important indicator of community health status.

6		Mental - Health Indicators	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Adults Ever Diagnosed with Depression, 2021 *SDOH	21%	NA		NA	20.0%	Kansas Health Matters
	b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2018-2020	NA	15.9		18.7	19.4	Kansas Health Matters
	c	Mental Behavioral Hospital Admission Rates per 100,000, 2018-2020	60.2	61.4		75.1	58.2	Kansas Health Matters
	d	Average Number of mentally unhealthy days, 2021	4.4	4.6		4.4	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.

7a		High-Risk - Health Indicators	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Adult obesity, percent, 2021	37.1%	38.3%		35.8%	37.0%	County Health Rankings
	b	Adult smoking, percent, 2021	19.5%	20.9%		17.2%	18.9%	County Health Rankings
	c	Excessive drinking, percent, 2021	19.2%	19.5%		19.7%	19.7%	County Health Rankings
	d	Physical inactivity, percent, 2021	23.0%	25.5%		21.4%	23.2%	County Health Rankings
	e	Sexually transmitted infections (chlamydia), rate per 100,000 - 2020	410	353		502	271	County Health Rankings

Tab 7b: Chronic Risk Profile

7b		Chronic - Health Indicators *New SDOH	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Adults who Have Taken Medication for High Blood Pressure, 2021, percent	81.0%	NA		55.2%	81.0%	Kansas Health Matters
	b	Congestive Heart Failure Hospital Admission Rate, 2018-2020	26.4	NA		24.1	23.4	Kansas Health Matters
	c	Adults with Kidney Disease, percent, 2021	3.3%	NA		NA	3.2%	Kansas Health Matters
	d	Adults with COPD, percent, 2021	7.8%	NA		NA	7.6%	Kansas Health Matters
	e	Adults 20+ with Diabetes, percent, 2021	8.1%	NA		NA	8.4%	Kansas Health Matters
	f	Adults with Cancer, percent, 2021	8.2%	NA		NA	8.2%	Kansas Health Matters
	g	Adults with Current Asthma, percent, 2021	10.0%	NA		NA	9.9%	Kansas Health Matters
	h	Adults who Experienced a Stroke, percent, 2021	3.5%	NA		NA	3.4%	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.

8		Insurance Coverage - Health Indicators	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Uninsured, percent, 2020	12.1%	10.1%	+	10.3%	9.6%	County Health Rankings
	b	Persons With Health Insurance, 2021 *SDOH	89.7%	NA		89.1%	90.5%	Kansas Health Matters
	c	Kansas Medical Assistance Programs - Adults per 1,000 (ages 20-64), 2022 *SDOH	123.9	NA		99.4	99.9	Kansas Health Matters

	Holton Community Hospital 2025	YR 2024*	YR 2023	YR 2022
1	Charity Care	$104,135	$76,880	$65,660
2	Bad Debt Writeoffs/Admin Adjs. before bad debt recoveries	$1,094,543	$854,601	$702,099
3	Bad debt recoveries	($37,342)	($60,542)	($77,356)
	*Partial Year			

Source: Internal Records - Jackson County KS

	Community Contributions - Local Health Dept Operations	Yr 2024	YR 2023	YR 2022
1	Core Community Public Health	$79,000	$79,000	$79,000
2	Child Care Inspections	$10,798	$10,798	$10,798
3	Immunizations/Vaccine $$	$3,958	$3,958	$3,958
	Immunizations/Vaccine ##	718*	713	1387
4	Primary Care, lab, minor procedures	$81907*	$126,106	$127,176
5	Screenings: Blood pressure ** / STD	$0	$0	$0
6	WIC Administration	$69211*	$76,073	$52,273

* As of 10/29/24

** Blood pressure checks are free. STD's are included in above figures.

Tab 9: Mortality Profile

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

9		Mortality - Health Indicators	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Life Expectancy, 2018 - 2020	78.2	77.9		77.8	78.2	Kansas Health Matters
	b	Age-adjusted Cancer Mortality Rate per 100,000 population, 2018-2020 (lower is better)	131.8	128.9		151.4	156.0	Kansas Health Matters
	c	Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2018-2020 (lower is better)	199.8	224.2		162.0	167.9	Kansas Health Matters
	d	Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000, 2018-2020 (Lower is better)	37.2	58.8		47.1	51.7	Kansas Health Matters
	e	Alcohol-impaired driving deaths, percent, 2016-2020	25.0%	25.0%		19.38%	29.7%	County Health Rankings

Causes of Death by County of Residence. Vital Stats 2022	Jackson Co. 2022	%	Trend	Kansas 2022	%
TOTAL (All Causes)	173			31,152	
Heart disease	33	19.1%		6,374	20.5%
Cancer	30	17.3%		5,429	17.4%
Alzheimer's disease	11	6.4%		941	3.0%
Chronic Lower Respiratory Disease	9	5.2%		1,665	5.3%
Suicide & Self-Inflicted Injury	5	2.9%		591	1.9%
Chronic liver disease and cirrhosis	4	2.3%		467	1.5%
Kidney disease	4	2.3%		633	2.0%
Pneumonia & Influenza	4	2.3%		473	1.5%
Diabetes	3	1.7%		957	3.1%

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.

10		Preventative - Health Indicators	Jackson County 2024	Jackson County 2021	Trend	State of KS	NECKS Norm (N=12)	Source
	a	Access to exercise opportunities, percent, 2020 & 2022	48.8%	49.0%		79.7%	50.1%	County Health Rankings
	b	Mammography annual screening, percent, 2017	45.0%	46.0%		42.0%	43.3%	County Health Rankings
	c	Adults who have had a Routine Checkup, percent, 2021 *SDOH	76.4%	75.5%		45.0%	75.0%	Kansas Health Matters
	d	Percent Annual Check-Up Visit Dentist 2020 *SDOH	64.7%	NA		63.0%	62.0%	Kansas Health Matters
	e	Percent Annual Check-Up Visit with Eye Doctor	TBD	TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Round #5 evaluation, a community stakeholder survey has been created and administered to collect current healthcare information for *Jackson County, Kansas*.

Jackson County, KS PSA Online Feedback Response (N=279)

Typical Sample Sizes Research Studies		
Number of Subgroup Analyses	Households Regional	Firms Regional
None / Few (1-2)	200-500	50-200
Average (3-4).	500-1,000	200-1,000
Many (5+)	1,000+	1,000+

Sudman, *Applied Sampling*, (Academic Press, 1976), 87. Ibid., 30.

Jackson County, KS - CHNA YR 2024 N=279			
For reporting purposes, are you involved in or are you a? (Check all that apply)	Jackson Co KS N=279	Trend	*Round #5 Norms N=4,276
Business/Merchant	13.5%		10.5%
Community Board Member	13.5%		9.3%
Case Manager/Discharge Planner	3.2%		1.0%
Clergy	2.4%		1.3%
College/University	4.0%		2.4%
Consumer Advocate	5.6%		2.3%
Dentist/Eye Doctor/Chiropractor	0.0%		0.6%
Elected Official - City/County	0.8%		2.0%
EMS/Emergency	2.4%		2.4%
Farmer/Rancher	9.5%		9.1%
Hospital	29.4%		23.3%
Health Department	0.0%		1.3%
Housing/Builder	2.4%		0.8%
Insurance	2.4%		1.3%
Labor	5.6%		3.9%
Law Enforcement	1.6%		1.0%
Mental Health	5.6%		2.5%
Other Health Professional	10.3%		13.1%
Parent/Caregiver	34.9%		18.9%
Pharmacy/Clinic	4.0%		2.8%
Media (Paper/TV/Radio)	1.6%		0.3%
Senior Care	2.4%		4.0%
Teacher/School Admin	43.7%		7.3%
Veteran	5.6%		2.6%
TOTAL	257		3186

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

Quality of Healthcare Delivery Community Rating (Perceptions)

Jackson County, KS - CHNA YR 2024 N=279			
How would you rate the "Overall Quality" of healthcare delivery in our community?	Jackson Co KS N=279	Trend	*Round #5 Norms N=4,276
Top Box %	31.3%		26.7%
Top 2 Boxes %	77.7%		69.1%
Very Good	31.3%		26.7%
Good	46.4%		42.4%
Average	19.4%		24.2%
Poor	1.8%		5.5%
Very Poor	1.1%		1.3%
Valid N	278		4,261

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

Re-evaluate Past Community Health Needs Assessment Needs

Jackson County, KS - CHNA YR 2024 N=279					
Past CHNA Unmet Needs Identified		Ongoing Problem			Pressing
Rank	Ongoing Problem	Votes	%	Trend	Rank
1	Mental Health (Diagnosis, Placement, Aftercar	129	15.4%		1
2	Drug/Substance Abuse	83	9.9%		4
3	Adequate Housing	82	9.8%		2
4	Child Care (Under 18M)	82	9.8%		3
5	Obesity (Nutrition/Exercise)	75	8.9%		5
6	Dental Services taking Medicaid	57	6.8%		6
7	Uninsured/ Underinsured	56	6.7%		8
8	Transportation	50	6.0%		13
9	Language Translators	49	5.8%		9
10	Healthy Foods	49	5.8%		12
11	Teen Health (Education)	45	5.4%		11
12	Awareness of Health Services	43	5.1%		7
13	Economic Development	40	4.8%		10
	Totals	840	100.0%		

Community Rating of HC Delivery Services (Perceptions)

Holton County, KS - CHNA YR 2024 N=279 (+10% Red)	Jackson Co KS N=279			*Round #5 Norms N=4,276	
How would our community rate each of the following?	Top 2 boxes	Bottom 2 boxes	Trend	Top 2 boxes	Bottom 2 boxes
Ambulance Services	84.7%	3.9%		84.7%	4.0%
Child Care	42.3%	18.1%		39.1%	23.2%
Chiropractors	76.3%	2.2%		75.0%	5.8%
Dentists	63.6%	15.3%		62.1%	17.9%
Emergency Room	80.8%	6.8%		75.8%	8.4%
Eye Doctor/Optometrist	78.4%	5.5%		76.6%	7.3%
Family Planning Services	49.0%	13.2%		47.5%	15.6%
Home Health	69.6%	6.5%		58.4%	10.8%
Hospice/Palliative	69.6%	8.3%		66.1%	8.4%
Telehealth	52.2%	9.7%		52.5%	12.3%
Inpatient Hospital Services	83.2%	4.1%		77.5%	7.0%
Mental Health Services	37.1%	22.9%		34.2%	29.9%
Nursing Home/Senior Living	43.5%	14.0%		53.7%	15.6%
Outpatient Hospital Services	83.9%	4.1%		76.6%	6.0%
Pharmacy	91.1%	1.3%		88.9%	2.7%
Primary Care	87.1%	2.2%		80.3%	6.5%
Public Health	73.5%	3.8%		64.7%	9.6%
School Health	64.6%	6.2%		60.5%	8.2%
Visiting Specialists	80.9%	3.2%		69.7%	8.2%

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

Community Health Needs Assessment "Causes of Poor Health"

Jackson County, KS - CHNA YR 2024 N=279			
In your opinion, what are the root causes of "poor health" in our community? Please select top three.	Jackson Co KS N=279	Trend	*Round #5 Norms N=4,276
Chronic Disease Management	8.6%		8.8%
Lack of Health & Wellness	11.2%		11.3%
Lack of Nutrition / Access to Healthy Foods	11.1%		10.2%
Lack of Exercise	14.1%		13.8%
Limited Access to Primary Care	4.4%		5.2%
Limited Access to Specialty Care	3.9%		6.8%
Limited Access to Mental Health	13.7%		15.2%
Family Assistance Programs	4.9%		5.2%
Lack of Health Insurance	13.9%		12.3%
Neglect	8.4%		8.9%
Lack of Transportation	5.8%		4.8%
Total Votes	569		7,948

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

Community Health Readiness

Jackson County, KS - CHNA YR 2024 N=279	% Bottom 2 Boxes (Lower is better)		
Community Health Readiness is vital. How would you rate each? (% Poor / Very Poor)	Jackson Co KS N=279	Trend	*Round #5 Norms N=4,276
Behavioral/Mental Health	25.4%		32.2%
Emergency Preparedness	4.7%		7.4%
Food and Nutrition Services/Education	15.1%		16.7%
Health Wellness Screenings/Education	6.7%		10.1%
Prenatal/Child Health Programs	14.8%		14.3%
Substance Use/Prevention	32.6%		34.7%
Suicide Prevention	21.4%		36.1%
Violence/Abuse Prevention	28.2%		33.3%
Women's Wellness Programs	15.9%		17.7%
Exercise Facilities / Walking Trails etc.	10.7%		14.8%

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

Healthcare Delivery "Outside our Community"

Jackson County, KS - CHNA YR 2024 N=279			
In the past 2 years, did you or someone you know receive HC outside of our community?	Jackson Co KS N=279	Trend	*Round #5 Norms N=4,276
Yes	79.6%		70.8%
No	33.2%		29.2%

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

Specialties:

Specialty	Counts
DENT	14
EMER	10
SPEC	6
SURG	6
OBG	5
ORTH	5
PRIM	5
CANC	4

Access to Providers / Staff in our Community

Jackson County, KS - CHNA YR 2024 N=279			
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=279	Trend	*Round #5 Norms N=4,276
Yes	64.6%		57.2%
No	35.4%		42.8%

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

What healthcare topics need to be discussed in future Town Hall Meeting

Jackson County, KS - CHNA YR 2024 N=279			
What needs to be discussed further at our CHNA Town Hall meeting? Top 3	Jackson Co KS N=279	Trend	*Round #5 Norms N=4,276
Abuse/Violence	28.1%		3.6%
Access to Health Education	27.3%		3.2%
Alcohol	21.6%		3.8%
Alternative Medicine	19.4%		3.4%
Behavioral/Mental Health	61.9%		8.8%
Breastfeeding Friendly Workplace	5.0%		1.1%
Cancer	12.9%		2.6%
Care Coordination	17.3%		2.9%
Diabetes	16.5%		2.6%
Drugs/Substance Abuse	46.8%		6.7%
Family Planning	13.7%		1.8%
Health Literacy	20.9%		2.9%
Heart Disease	10.8%		1.6%
Housing	37.4%		6.3%
Lack of Providers/Qualified Staff	25.9%		5.0%
Lead Exposure	4.3%		0.5%
Neglect	16.5%		1.9%
Nutrition	30.2%		4.1%
Obesity	33.8%		5.1%
Occupational Medicine	5.0%		0.6%
Ozone (Air)	2.2%		0.4%
Physical Exercise	33.1%		4.6%
Poverty	32.4%		4.5%
Preventative Health/Wellness	33.8%		5.1%
Sexually Transmitted Diseases	7.2%		1.3%
Suicide	35.3%		5.5%
Teen Pregnancy	7.9%		1.6%
Telehealth	9.4%		2.1%
Tobacco Use	11.5%		1.9%
Transportation	21.6%		2.7%
Vaccinations	10.1%		1.9%
Water Quality	7.9%		2.6%
TOTAL Votes	928		12,182

*Norms: KS Counties: Ellis, Pawnee, Russell, Sheridan, Smith, Thomas, Trego, Barton, Norton, Decatur, Harper, Pratt, Nemaha, Miami, Johnson, Edwards, Kiowa, Jackson

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services - Jackson County KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health 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)	No	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	

Inventory of Health Services - Jackson County KS				
Cat	HC Services Offered in County: Yes / No	Hospital	Health 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	No		Yes
SR	Home Health Services	No	No	
SR	Hospice	No		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 2025 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	7.0		10.0
Internal Medicine	0.0		
Obstetrics/Gynecology	2.0		
Pediatrics			
Medicine Specialists:			
Allergy/Immunology		0.3	
Cardiology		0.2	
Dermatology		0.6	
Endocrinology		0.1	
Gastroenterology		0.2	
Oncology/RADO		0.1	
Infectious Diseases		0.0	
Nephrology		0.0	
Neurology		0.0	
Psychiatry	0.5	0.1	
Pulmonary		0.0	
Rheumatology		0.2	
Surgery Specialists:			
General Surgery	2.0		
Neurosurgery			
Ophthalmology			
Orthopedics		0.2	1.0
Otolaryngology (ENT)			
Plastic/Reconstructive			
Thoracic/Cardiovascular/Vasc			
Urology		0.3	
Hospital Based:			
Anesthesia/Pain			2.0
Emergency	2.0		4.0
Radiology		0.2	
Pathology		0.2	
Hospitalist *			1.0
Neonatal/Perinatal			
Physical Medicine/Rehab			
VA clinic			
Podiatry		0.1	
Others HC Providers			
Eye Care (OD)	3.0		
Dentists	2.0		
TOTALS	**18.5**	**2.50**	**18.0**

Visiting Specialists Providing Care to Jackson County KS (2025)						
Specialty	***Provider / Degree***	***Group Name***	***From (City / ST)***	***SCHEDULE***	***Days per YR***	***FTE***
OB/Gynecology	Trobough MD	Stormont Vail	Topeka, KS	One 1/2 day/month	12	**0.02**
OB/Gynecology						
Cardiology	John Joliff MD	University of Kansas, St. Francis Campus	Topeka, KS	1 day/month	12	**0.05**
Cardiology	S. Mamidipally MD	University of Kansas, St. Francis Campus	Topeka, KS	2 days/month	24	**0.09**
Cardiology	P. Birkbeck MD	Stormont Vail	Topeka, KS	Once/month	8	**0.03**
Cardiology	Castner MD	Stormont Vail	Topeka, KS	Once/Month	8	**0.03**
Dermatology	T. Engelken APRN	Nemaha Valley	Seneca, KS	2nd/4th Mondays 3rd Thursday	36	**0.14**
Gastroenterology	J. Schlachter, T. Theising, J. Winn, Cornett (all MD)	PSN	K.C area	4 days/month	48	**0.18**
Wound Care	Ashley Reinecke APRN	Restorix Wound Care	Holton, KS	every Tuesday	52	**0.20**
Rheumatology	K. Latinis, MD	PSN	KC area	every Monday	50	**0.19**
ENT	J. Meyers, MD	Stormont Vail	Topeka, KS	1 day/month	12	**0.05**
General Surgery	A. Brown, D. Jimemez	Holton	Holton, KS	8 clinics/month	208	**1.00**
Orthopedist	R. Carr MD	InReach	Denver, CO	1st/3rd Tuesday	30	**0.12**
Orthopedist	M. Friese, APRN	Holton	Holton, KS	Tuesday-Friday	208	**1.00**
Oncologist/Hematologist	Lekkala, MD	University of Kansas, St. Francis Campus	Topeka, KS	1 day/month	12	**0.05**
Urology	K. Carlson	PSN	Topeka, KS	6 days/month	72	**0.28**
Pain Management/ Rehab	Badura, P.A. Worth, CRNA	Holistic Pain Management	Manahattan, KS	4 days/month	48	**0.18**
Podiatry	Shemwell, DOP	Direct Contract	KC area	2/4th Monday	24	**0.09**

YR 2025 HC Resource Directory
Jackson County (KS)

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
501 Dakota, 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 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 St. Dominics
Ohio ave & East 5th street
Thursday-7pm AA meetings
St. Francis Xavier Catholic Church 785-966-2401
Mayetta, KS
Friday- 8pm AA meetings

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

Behavioral Health Services
Holton Family Medicine
785-364-2126

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

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

USD 335- Pre-K ages 3-5
785-364-2244

USD 336- Pre-K ages 3-5
785-364-3251

USD 337- Pre-K ages 3-5
785-986-6286

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

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

Anew Healthcare of Holton
1121 W 7th St, Holton, KS 66436
(785) 328-4636

INSURANCE

Kancare
800-792-4884
Children insurance, some low-income adults with children can qualify-Income eligible

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

LEGAL SERVICES/LAW ENFORCEMENT

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

Youth Services
785-364-5369
Brooke Smith
116 5th St., Holton, KS 66436

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

MEDICAL SERVICES, HOME, HEALTH & HOSPICE

Jackson County Health Department
312 Pennsylvania PO Box 444
Holton Kansas 66436
Administrator: Amy Hallauer
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

OPTICAL

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

DENTAL

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

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.

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

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 Cammie Braden
(785-979-3250) to see if district is still active
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 DCF
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

General Online Healthcare Resources

Doctors and Dentists--General

AMA Physician Select: Online Doctor Finder (American Medical Association) DocFinder (Administrators in Medicine) Find a Dentist (Academy of General Dentistry) Find a Dentist: ADA Member Directory (American Dental Association) Physician Compare (Centers for Medicare & Medicaid Services)

Hospitals and Clinics--General

Find a Health Center (Health Resources and Services Administration) Find a Provider: TRICARE Provider Directories (TRICARE Management Activity) Hospital Quality Compare (Centers for Medicare & Medicaid Services)

Doctors and Dentists--Specialists

ACOG's Physician Directory (American College of Obstetricians and Gynecologists) ACR: Geographic Membership Directory (American College of Rheumatology) American College of Surgeons Membership Directory (American College of Surgeons) American Osteopathic Association D.O. Database (American Osteopathic Association) ASGE: Find a Doctor (American Society for Gastrointestinal Endoscopy) Cancer Genetics Services Directory (National Cancer Institute) Child and Adolescent Psychiatrist Finder (American Academy of Child and Adolescent Psychiatry) Dystonia: Find a Health Care Professional (Dystonia Medical Research Foundation) Expert Locator: Immunologists (Jeffrey Modell Foundation) Find a Dermatologic Surgeon (American Society for Dermatologic Surgery) Find a Dermatologist (American Academy of Dermatology) Find a Gastroenterologist (American College of Gastroenterology) Find a Gynecologic Oncologist (Society of Gynecologic Oncologists) Find a Hand Surgeon (American Society for Surgery of the Hand) Find a Hematologist (American Society of Hematology) Find a Neurologist (American Academy of Neurology) Find a Pediatric Dentist (American Academy of Pediatric Dentistry) Find a Pediatrician or Pediatric Specialist (American Academy of Pediatrics) Find a Periodontist (American Academy of Periodontology) Find a Physical Medicine & Rehabilitation Physician (American Academy of Physical Medicine and Rehabilitation) Find a Plastic Surgeon (American Society of Plastic Surgeons) Find a Podiatrist (American Podiatric Medical Association) Find a Thyroid Specialist (American Thyroid Association) Find a Urologist (American Urological Association) Find an ACFAS Physician (American College of Foot and Ankle Surgeons) Find an Allergist/Immunologist: Search (American Academy of Allergy, Asthma, and Immunology) Find an Endocrinologist (Hormone Health Network) Find an Eye M.D. (American Academy of Ophthalmology) Find an Interventional Radiologist (Society of Interventional Radiology) Find an Oncologist (American Society of Clinical Oncology) Find an Oral and Maxillofacial Surgeon (American Association of Oral and Maxillofacial Surgeons) Find an Orthopaedic Foot and Ankle MD (American Orthopaedic Foot and Ankle Society) Find an Otolaryngologist (ENT) (American Academy of Otolaryngology--Head and Neck Surgery) Finding an Eye Care Professional (National Eye Institute) GI Locator Service (American Gastroenterological Association)

Other Healthcare Providers

AMTA's Find a Massage Therapist (American Massage Therapy Association) Cancer Genetics Services Directory (National Cancer Institute) Find a Diabetes Educator (American Association of Diabetes Educators) Find a Genetic Counselor (National Society of Genetic Counselors) Find a Midwife (American College of Nurse-Midwives) Find a Nurse Practitioner (American Academy of Nurse Practitioners) Find a Physical Therapist (American Physical Therapy Association) Find a Professional: Online Directory of Audiology and Speech-Language Pathology Programs (American Speech-Language-Hearing Association) Find a Registered Dietitian (Academy of Nutrition and Dietetics) Find a Therapist (Anxiety Disorders Association of America) Find an Audiologist (American Academy of Audiology) Manual Lymphatic Drainage Therapists (National Lymphedema Network) National Register of Health Service Providers in Psychology (National Register of Health Service Providers in Psychology) NCCAOM: Find Nationally Certified Practitioners (National Certification Commission for Acupuncture and Oriental Medicine) Search for an Emergency Contraception Provider in the United States (Princeton University, Office of Population Research)

Hospitals and Clinics--Specialized

Accredited Birth Centers (Commission for the Accreditation of Birth Centers) Alzheimer's Disease Research Centers (National Institute on Aging) Cystic Fibrosis Foundation: Find a Chapter (Cystic Fibrosis Foundation) Cystic Fibrosis Foundation: Find an Accredited Care Center (Cystic Fibrosis Foundation) Dialysis Facility Compare (Centers for Medicare & Medicaid Services) FDA Certified Mammography Facilities (Food and Drug Administration) Find a Free Clinic (National Association of Free Clinics) Find an Indian Health Service Facility (Indian Health Service) Find Treatment Centers (American Cancer Society) Genetics Clinic Directory Search (University of Washington) Locate a Sleep Center in the United States by Zip Code (American Academy of Sleep Medicine) MDA ALS Centers (Muscular Dystrophy Association) Mental Health Services Locator (Substance Abuse and Mental Health Services Administration) NCI Designated Cancer Centers (National Cancer Institute) Neurofibromatosis Specialists (Children's Tumor Foundation) Post-Polio Directory 2011: Post-Polio Clinics, Health Professionals, Support Groups (Post-Polio Health International including International Ventilator Users Network) Spina Bifida Clinic Directory (Spina Bifida Association of America) Substance Abuse Treatment Facility Locator (Substance Abuse and Mental Health Services Administration) Transplant Center Search Form (BMT InfoNet) U.S. NMDP Transplant Centers (National Marrow Donor Program) VA Health Care Facilities Locator & Directory (Veterans Health Administration) Where to Donate Blood (AABB) Where to Donate Cord Blood (National Marrow Donor Program)

Other Healthcare Facilities and Services

Alzheimer's Disease Resource Locator (Fisher Center for Alzheimer's Research Foundation) American College of Radiology Accredited Facility Search (American College of Radiology) APA District Branch / State Association Directory (American Psychiatric Association) Directory of Organizations (Deafness and Communication Disorders) (National Institute on Deafness and Other Communication Disorders) Dog Guide Schools in the United States (American Foundation for the Blind) Eldercare Locator (Dept. of Health and Human Services) Find a Hospice or Palliative Care Program (National Hospice and Palliative Care Organization) Find Services (for People with Vision Loss) (American Foundation for the Blind) Find Urgent Care Centers by State (Urgent Care Association of America) Genetic Testing Laboratory Directory (University of Washington) Home Health Compare (Centers for Medicare & Medicaid Services) Medicare: Helpful Contacts (Centers for Medicare & Medicaid Services) Muscular Dystrophy Association Clinics and Services (Muscular Dystrophy Association) National Foster Care and Adoption Directory Search (Children's Bureau) Nursing Home Compare (Centers for Medicare & Medicaid Services) Organizations That Offer Support Services (National Cancer Institute) Poison Control Centers (American Association of Poison Control Centers) Resources and Information for Parents about Braille (American Foundation for the Blind) State-Based Physical Activity Program Directory (Centers for Disease Control and Prevention) TSA Chapters in the USA (Tourette Syndrome Association) Violence against Women: Resources by State (Dept. of Health and Human Services, Office on Women's Health) Where to Find Hair Loss Accessories and Breast Cancer Products (American Cancer Society)

SOURCE: MedlinePlus provides links to directories to help you find libraries, health professionals, services and facilities. National Library of Medicine (NLM) does not endorse or recommend the organizations that produce these directories, nor the individuals or organizations that are included in the directories.

V. Detail Exhibits

[VVV Consultants LLC]

a.) Patient Origin Source Files

Patient Origin History 2021- 2023 for IP, OP and ER – Jackson County, KS

Jackson County, Kansas Residents					
#	Inpatients - KHA HIDI	YR23	YR22	YR21	Total
1	Stormont Vail Health - Topeka, KS	548	616	659	1,823
2	The KU Health System St. Francis Campus - Topeka, KS	226	284	307	817
3	Holton Community Hospital - Holton, KS	178	148	201	527
4	Community Healthcare System Inc. - Onaga, KS	102	83	113	298
5	The University of Kansas Health System - Kansas City, KS	128	97	63	288
6	Children's Mercy Kansas City - Kansas City, MO	29	19	25	73
	Others	92	70	83	245
	Total	1,303	1,317	1,451	4,071

Jackson County, Kansas Residents					
#	Outpatients - KHA HIDI	YR23	YR22	YR21	Total
1	Holton Community Hospital - Holton, KS	18,347	17,510	19,406	55,263
2	Community Healthcare System Inc. - Onaga, KS	6,050	5,653	5,269	16,972
3	The KU Health System St. Francis Campus - Topeka, KS	3,852	4,842	4,684	13,378
4	Stormont Vail Health - Topeka, KS	4,018	4,080	4,048	12,146
5	The University of Kansas Health System - Kansas City, KS	1,502	1,169	873	3,544
6	Children's Mercy Kansas City - Kansas City, MO	714	482	488	1,684
	Others	1,326	1,247	1,211	3,784
	Total	35,809	34,983	35,979	106,771

Jackson County, Kansas Residents					
#	Emergency - KHA HIDI	YR23	YR22	YR21	Total
1	Holton Community Hospital - Holton, KS	2,768	2,587	2,504	7,859
2	Stormont Vail Health - Topeka, KS	914	978	938	2,830
3	The KU Health System St. Francis Campus - Topeka, KS	399	569	509	1,477
4	Community Healthcare System Inc. - Onaga, KS	293	337	289	919
5	Topeka ER & Hospital - Topeka, KS	90	68	65	223
6	Children's Mercy Kansas City - Kansas City, MO	32	26	24	82
	Others	217	158	189	564
	Total	4,713	4,723	4,518	13,954

b.) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

The following is a list of stakeholders from Jackson County, Kansas, who participated in the community Town Hall meeting held on November 7, 2024.

Attendance Jackson Co, KS HCH CHNA Town Hall, Nov 7th (5-6:30 pm) N=32							
#	Table	Lead	Attend	Last	First	Organization	Title
1	A	XX	x	Lutz	Carrie	Holton Community Hospital	CEO
2	A		x	Metcalf	Jennifer	NEK-CAP, Inc.	Program Support Coor
3	A		x	Watkins	Marilyn	City Commission	Commissioner
4	A		x	Wittmer	Rod	The Farmers State Bank	
5	B		x	Kimzey	Bev	Faith Home Health & Hospice	CEO
6	B		x	Solomon	Heather	Faith Home Health & Hospice	
7	B		x	Gomez	Stacy	Faith Home Health & Hospice	
8	C	XX	x	Eylar	Krista	Kanza Mental Health	CEO
9	C		x	Utz	Cody	Holton Community Hospital	Dir Quality and Informatics
10	C		x	Gideon	Sarah		
11	C		x	Shupe	Chelsea	Holton Community Hospital	Social Work LMSW
12	D	XX	x	Romine	Kristina	NE KS Multi Co	Director
13	D		x	Aeschliman	Mark	Aeschliman Construction	Owner
14	D		x	Waymire	Monica	Holton Community Hospital	Dir
15	D		x	Wilson	Nicole	HCH HH and Hospice	Director
16	D		x	Taylor	Paola	Holton Community Hospital	Board Member
17	E	XX	x	Kenton	Bart	Holton Community Hospital	CFO
18	E		x	Cowan	Brigette	HCH	Director of Nursing
19	E		x	Estes	Belinda	NEK-CAP, Inc.	Community Services Director
20	E		x	Stockman	Roger	Holton Community Hospital	Marketing Manager
21	F		x	Aeschliman	Janice		
22	F		x	Wahweotten	Angela	Holton Community Hospital	
23	F	XX	x	Snavely	Gretchen	Holton Community Hospital	Director of Human Resources
24	F		x	Holcomb	Ali	Holton Recorder	associate news editor
25	G	XX	x	Area	Henriette	HCH/Meadowlark Ext. District	HCH and Board (MED)
26	G		x	Morris	Tim	City of Holton	Mayor/Commissioner
27	G		x	Schnee	Lee	Holton Community Hospital	Physician
28	G		x	Leiker	Wayne	Chapel Oaks Funeral Home	Managing Partner
29	G		x	Morris	Sandy	Community Member	
30	H		x	Stavropoulos	Gloria	HCH Board	Chair
31	H		x	Martin	Brett	United Way of Kaw Valley	VP of Community Impact
32	H		x		Marya	Holton Community Hospital	

Holton Community Hospital Town Hall Notes

Date: 11/7/2024 - 5:00-6:30 p.m. @ The Courtyard on the Square
Attendance: N=32

INTRO: Following is a recap of the community conversation during CHNA 2024 Town Hall

- Languages other than English being spoken in the community are Spanish, Guatemalan (Chi), Chinese, Potawatomie
- Veterans are going to Leavenworth or Topeka. There is a Vet Clinic in Holton as well.
- The community is concerned about economic stability in PSA.
- Healthy food is available, but the community cannot afford healthy options.
- Employment in Sabetha and Hiawatha.
- Internet access is limited in rural areas, especially for Native American Reservations
- Usually, there is only one nurse for each school district. Jackson Hights has one nurse and an assistant.
- Percent of births where prenatal care began in first trimester is low due to Native American and Guatemalan population.
- The community is worried about suicide and believe that depression rate may be higher than reported across all ages. Growing reports of young students with depression and anxiety in ER and schools.
- The community agreed that Substance Abuse should be separate for Alcohol and Drugs.
- The community is worried about Meth, Alcohol, Opioids, Marijuana, Cocaine, Fentanyl
- The Health Department agrees that STD/STI are rising in cases.
- The community needs to take advantage of fitness facilitates but cost appears to be a barrier for people.

<u>Strengths in the community:</u>

- EMS
- ER and rehab support.
- Have enough providers.
- Healthcare quality (many specialists coming to HCH)
- Local hospital equipment and facilities
- Low crime rates
- Meadowlark extension office in town
- Multiple pharmacies
- Onega and Tribal Healthcare
- Outdoor walking trails
- Proactive sheriffs specially for drug control
- Quality of life is high in Holton.
- Senior Center
- String community support.

<u>What is coming/occurring that will affect the health of the community:</u>

- No coming/occurring discussed.

<u>Areas to improve or change in the community:</u>

- Adequate Housing
- Childcare
- Chronic Disease Management / Education
- Dental
- Economic Development
- Mental Health (Diagnosis, Placement, Aftercare, Providers)
- Obesity (Affordable Fitness & Nutrition)
- Senior Health (Quality)
- STI
- Substance Abuse (Drugs)
- Uninsured (Lack of Medicaid)

Round #5 CHNA - Holton Co KS PSA

Town Hall Conversation - Strengths (Big White Cards) N=32

Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?	Card #	What are the strengths of our community that contribute to health?
3	2 hospitals in the area	28	Great access to healthcare	10	Primary care provider access/ratio
21	A lot of churches	33	Great healthcare	24	Promotion of resources
16	Access- multiple clinics throughout county	26	Great number of patients per MD	17	Providers
6	Access to exercise facilities	32	Great schools/education	12	Proximity to ER
3	Access to home healthcare	8	Gym / track / Netawaka Fitness / Tribal Fitness	7	Proximity to Topeka for care
32	Access to hospital/specialty doctors	17	Healthcare facility	16	Public health
6	Access to hospitals	23	Healthcare quality	17	Public health
13	Access to PCP or health department	1	Healthy foods- local source	19	Public health
5	Access to quality healthcare- close by	29	Helping one another	18	Public health availability
6	Access to schools	18	High number of medical providers across area	27	Quality access to healthcare
1	Access-transportation to care/local hospital	22	High school graduates	9	Quality hospital and clinics
1	Access-transportation to food	22	Holton Community Hospital with specialty services	10	Quality hospital care
29	Activities	25	Holton hospital	2	Quality of care
5	Activities for kids to be busy- not on a phone	11	Hospital- Holton, Onaga, Tribe	4	Quality of living
8	Addition of doctors to hospital	8	Hospital of this size / multiple clinics	14	Ratio of primary physicians
34	Adequate housing	7	Hospital- Onaga Clinic / Tribal health Services	5	Rehab
34	Affordable and accessible food (healthy)	8	Improved ER	24	Resources available
34	After hour care transportation	19	Improved facilities	2	Seeking care %
24	Availability of providers/services	25	K-State (Meadowlark) Extension	34	Senior care- quality health
34	Chronic disease education	33	Local	1	Senior Center
29	Churches	4	Local ambulance service	19	Senior Center
32	Close to commute for jobs	14	Local awareness of diversity	31	Slower pace
12	Community involvement in seeking solutions	4	Local hospital	31	Small community
8	Community support	4	Local pharmacies	29	Social time
27	Community support	31	Local transportation/affordable	5	Special help with chronic diagnosis
30	Community support	29	Looking outside the box	19	Specialist
34	Dental	31	Lower cost of living	2	Specialist access
9	Diverse providers	31	Lower crime rate	5	Specialists
15	Diversity of ethnic groups	32	Lower crime rates/safety	13	Specialties available
33	Dog/walking park	34	Medicaid coverage (uninsured)	12	Specialty doctor access
34	Drug/substance abuse	20	Medical providers	25	Specialty health services
34	Economic	30	Mental health	17	Specialty services
1	Economic funds- small community	34	Mental health	15	Specialty services- healthcare
10	Education	28	More choices for MH besides KANZA	32	Strong community
23	Education	3	Multiple locations for primary care	27	Strong EMS
14	Emergency / ambulance services rank high	33	Multiple specialists come here	30	Strong EMS resources
15	Emergency and ambulance services	20	Needs within community are met by volunteers	31	Strong ER and rehab
6	Emergency preparedness	3	New providers	30	Strong primary care access
18	EMS services	18	Newer facilities and equipment	28	Help with daycare needs/wants
19	EMS services	19	Number of medical providers	31	Tight knit community
7	Excellent locally owned pharmacy	34	Nutrition and exercise	34	Transportation to healthcare out of county
7	Excellent Public Health Department	23	Opioid prescriptions	23	Vaccinations
16	Facilities / equipment	21	Outdoor walking track, fitness center, pickleball courts	24	Vaccinations
25	Farmers market	4	Outstanding healthcare providers/doctors	30	Variety of healthcare services (county wide)
6	Follow-up / check-ups	15	PCP / people ratio	5	Walking path for exercise
24	Food banks	24	People who care	25	Walking track
28	Free dental and Healthy Futures / Head Start	2	Pharmacy	22	Walking trail
21	Generous community	23	Pharmacy services	20	Walking trail (exercise)
26	Good access to care	12	Philanthropy- giving, support, caring	30	Walking trails and grants to expand walking
3	Good continuity of care	28	Presumptive Eligibility	33	Walmart
26	Good mortality range with improvement of prior	22	Preventive appointments in healthcare	16	Wide array of specialists
7	Good number of providers	21	Primary care	18	Wide array of specialty services
26	Good vaccination rate	12	Primary care provider- access- ratio/person	27	Willingness to improve in small increments
26	Good variety of specialty care for patients	2	Primary care provider access/ratio		

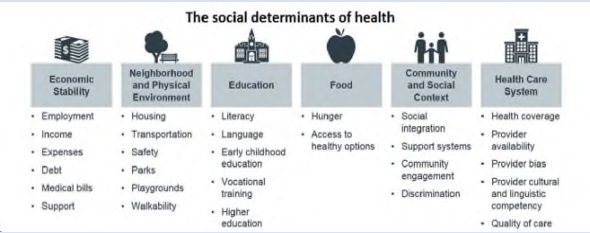
Round #5 CHNA - Holton Co KS PSA

Town Hall Conversation - Weaknesses (Color Cards) N=32

Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?	Card #	What are the weaknesses of our community that contribute to health?
7	Access and use of physical activity options	23	Food insecurity	22	Obesity
9	Access for additional grocery stores	30	Food issues	30	Obesity
24	Access or means to healthy food	17	Healthcare transportation	18	Obesity and physical activity
26	Access to addiction Medicare	29	Healthier eating education	3	Obesity/exercise
12	Access to healthy foods	10	Healthy foods	21	Obesity/lack of exercise
19	Access to in-person mental health	11	Healthy Futures	24	Not having enough senior housing
1	Access to mental health	13	Heart health of population	5	Physical activity focus begins with young
22	Access to mental health	3	Housing	4	Poverty
15	Access to mental health in hospital	8	Housing	15	Prenatal care lacking for Hispanic population
10	Access to physical activity	10	Housing	7	Quality child care options
7	Accessible healthy food/food insecurity	14	Housing	1	Reduce substance abuse
12	Active groups to improve exercise	16	Housing	20	Reputation of mental health center
17	Available general fitness facility 24/7	23	Housing	13	Rural access to WWW
2	Bad debt write-offs	28	Housing	12	Senior care- need quality, skilled care
6	Behavioral/mental health	29	Housing affordability	16	Senior care opportunity
9	Better housing	27	Housing availability/affordable	19	Senior health
8	Child care access	5	Housing for seniors	27	Senior health
16	Childcare	13	Housing issues for lower income poverty	25	Senior housing
19	Childcare	2	Housing- lack of available units	6	Senior housing options
28	Childcare	19	Improved reputation of mental health facility	25	Social activity
22	Chronic disease management	1	Increase insurance coverage	27	STD
30	Chronic disease management	19	Insurance underinsured/uninsured	22	STD management
20	Collaboration among providers- Kanza and hospital	26	Jail dropping off mental health	14	STI's/STD's
29	Cost of drugs	1	Lack of housing	3	Substance abuse
4	Debt	17	Limited shopping/healthy	4	Substance abuse
14	Dental	26	Male doctor	21	Substance abuse
11	Dental access	18	Medicaid expansion	28	Substance abuse education
25	Dental access for Medicaid pt.	3	Mental health	28	Substance abuse help
8	Drug related issues	10	Mental health	10	Transportation
7	Drug use	23	Mental health	11	Transportation
23	Drug/substance abuse	24	Mental health access	18	Transportation
22	Drug/substance use	30	Mental health access/substance abuse support	19	Transportation
25	Economic development	18	Mental health and substance use	30	Transportation
10	Economic funds	7	Mental health care access	20	Transportation- after hours and leaving town
14	Economic stability	26	Mental health local providers	21	Transportation- leaving community and after hours
16	Economic stability/cost of food	2	Mental health needs- all ages	27	Transportation/access
1	Education of health services	27	Mental health- no psychiatrists	3	Underinsured
4	Education on health services	25	Mental health providers and normalizing it	23	Uninsured
5	Education/healthy foods	29	Mental health support	18	Uninsured and underinsured
18	Collaboration between healthcare facilities	13	Mental health/anxiety	20	Uninsured and underinsured
24	Environmental issues with air and water quality	21	Mental/behavioral health reputation	25	Uninsured improved
13	Exercise health	15	More health education	24	Uninsured increased
29	Exercise opportunities	20	More IP therapy at HCH	21	Uninsured/underinsured plans
11	Eye care	14	More mental health providers	25	Using marijuana to ease anxiety in teens/adults
15	Figure out why so much high bp	28	More places for exercise	6	Wellness care focusing on motivation, activity, nutrition
4	Fitness	9	Need mental health		
26	Food bank	16	Obesity		

Round #5 CHNA - Holton Co KS

Social Determinants "A" Card Themes (N = 13 with 24 Votes): E=11, N=2, ED=2, C=3, F=0 & P=6



Card #	Code	First Impressions on Social Determinants Impacting Delivery	Card #	Code	First Impressions on Social Determinants Impacting Delivery
9	C	Lack of personal interaction (remote)	13	E	Economic stability
1	C	Social and community	9	E	Economy
8	C	Social and community context	5	ED	Education
5	E	Economic	7	ED	Education access
6	E	Economic	10	N	Neighborhood/built environment
10	E	Economic	2	N	Neighborhood/housing
12	E	Economic	3	P	Healthcare access
1	E	Economic stability	11	P	Healthcare access
2	E	Economic stability	12	P	Healthcare access
3	E	Economic stability	4	P	Healthcare access and quality
4	E	Economic stability	6	P	Healthcare access and quality
11	E	Economic stability	13	P	Healthcare access and quality specialty care

Holton Community Hospital-2024 Community Health Needs Assessment

External

Roger L. Stockman <roger.stockman@rhrjc.org> 8:00 AM (5 hours ago)

to Roger, Olivia, me

Dear Jackson County Community Members,

Holton Community Hospital – Jackson County, KS; will be working with other area providers over the next few months to update the 2022 Jackson County, KS Community Health Needs Assessment (CHNA). We are seeking input from community members regarding the healthcare needs in Jackson County to complete the 2025 CHNA.

The goal of this assessment update is to understand progress in addressing community health needs cited in 2022, 2019, 2016, and 2013 CHNA reports while collecting up-to-date community health perceptions and ideas.

Your feedback and suggestions regarding current community health delivery are especially important to collect in order to complete this comprehensive report. To accomplish this work, a short online survey has been developed for community members to take. Please visit our hospital https://holtonhospital.com/about/community-health/ or follow this link directly to the survey https://www.surveymonkey.com/r/CHNA25_HCH

All community residents and business leaders are encouraged to **complete the 2024 online CHNA survey by October 14th, 2024.** All responses are confidential.

Please Hold the Date A community Town Hall is scheduled for **Thursday, November 7th, 2024, at the Courtyard next to the Square.** This meeting is to discuss the survey findings and identify unmet needs.

If you have any questions about CHNA activities, please Contact Roger Stockman, Manager of Marketing & Recruitment at 785-364-9660.

Thank you for your time and participation.

Roger Stockman
Marketing & Recruitment Manager
Office. 785-364-9660

PR#1 News Release

Local Contact: Roger Stockman
Media Release: 9/04/2024

Holton Community Hospital is seeking community input on local conditions that impact health, such as the ability to eat healthy foods and stay physically active in Jackson County.

- **Holton Community Hospital seeks community input as part of its 2025 Community Health Needs Assessment.**

Over the next few months, **Holton Community Hospital** will be working together with other area community leaders to update the Jackson County, KS 2025 Community Health Needs Assessment (CHNA). Today we are requesting Jackson County community members' input regarding current healthcare delivery and unmet resident needs.

The goal of this assessment update is to understand progress from past community health needs assessments conducted in 2022, 2019, 2016, and 2013, while collecting up-to-date community health perceptions and ideas. VVV Consultants LLC, an independent research firm from Olathe, KS has been retained to conduct this countywide research.

A brief community survey has been developed to accomplish this work. <Note: The CHNA survey link can be accessed by visiting the Holton Community Hospital website and/or Facebook page. You may also utilize the QR code below for quick access.

All community residents and business leaders are encouraged to complete this online survey by **October 14th, 2024**. In addition, a CHNA Town Hall meeting to discuss the survey findings and identify unmet needs will be held on **Thursday, November 7th, 2024**. More info to come soon! Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call (785) 364-2116

EMAIL #2 Request Message

From: Carrie Lutz
Date: 10/10/24
To: Area Community Leaders, Providers and Hospital Board & Staff
Subject: Holton Community Hospital Needs Assessment Town Hall dinner– November 7th,2024

Holton Community Hospital will host a Town Hall Community Health Needs Assessment (CHNA) dinner on Thursday November 7th. The purpose of this meeting will be to review collected community health indicators and gather community feedback opinions on key unmet health needs for Jackson Co, KS. **Note: This event will be held on Thursday, November 7th from 5:00 p.m. - 6:30 p.m. at The Courtyard Event Center, 426 Pennsylvania Ave, Holton, KS 66436 with check-in starting at 4:30 p.m.**

We hope you find the time to attend this important event. All business leaders and residents are encouraged to join us. To adequately prepare for this event, it is imperative all RSVP who plan to attend town hall.

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

Thanks in advance for your time and support!

Join Holton Community Hospital's CHNA Town Hall Thursday, November 7th, 2024.

Media Release: 10/10/24

To gauge the overall community health needs of residents, **Holton Community Hospital**, in conjunction with other area providers, invites the public to participate in a Community Health Needs Assessment Town Hall roundtable on **Thursday, November 7th for dinner from 5 p.m. to 6:30 p.m.** located at **The Courtyard Event Center, 426 Pennsylvania Ave, Holton, KS 66436.**

This event is being held to identify and prioritize the community health needs. Findings from this community discussion will also serve to fulfill both federal and state mandates.

To adequately prepare for this event, is vital everyone planning to attend this event RSVPs. Please visit our hospital website and social media sites to obtain the link to complete your RSVP OR please utilize the QR code below.

We hope that you will be able to join us for this discussion on November 7th. Thanks in advance for your time and support!

Date: 11/11/2024
To: Jackson County Community Leaders / Key CHNA Stakeholders
From: Carrie Lutz
Subject: CHNA Implementation Plan Development Meeting – Tues December 17th, 2024

On Nov 7th, 2024, Jackson County stakeholders (N=32) participated in a CHNA Town Hall event to review current community health status indicators and prioritize and create an updated list of unmet health needs – see below.

Jackson County, KS				
2024 CHNA Unmet Needs - Town Hall 11/7/24				
Holton Community Hospital PSA (32 Attendees, 127 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare, Providers)	25	20%	20%
2	Obesity (Affordable Fitness & Nutrition)	23	18%	38%
3	Substance Abuse (Drugs)	21	17%	54%
4	Chronic Disease Management / Education	17	13%	68%
5	Adequate Housing	14	11%	79%
6	Uninsured (Lack of Medicaid)	7	6%	84%
7	Senior Health (Quality)	7	6%	90%
	Total Votes	127		
Other Items receiving votes: Childcare, Dental, Economic Development, and STIs				

Our next step to meet federal regulations is to update our CHNA Implementation Plan for 2024-2026. Specifically, we need to determine and document specific action steps to address each unmet 2024 need. To complete this requirement, we will hold an Implementation Plan meeting on **Tuesday, December 17th from 11 – 12:30pm at Holton Community Hospital.**

Your participation is vital to complete this work. Please utilize the link below to RSVP**.**

RSVP LINK https://www.surveymonkey.com/r/HoltonImplPlanRSVP

Thank you again for your time and support as we remain focused on improving health as we collaborate with our community to improve health.

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2025 Community Feedback: Jackson County, KS (N=250)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1196	66440	Good	ACC	NUTR	NH	Many small towns are good deserts - outside of Dollar General. No produce or fruit available. Harvesters does come but is once a month enough? Lack of any available housing. Lack of in home care/assistance for elderly. All in southern part of county. Any plans to expand services ?
1169	66440	Good	ACC	SERV		Outlier communities from Holton do not have the same access to health/wellness activities taking place within their community. Consider putting effort into engaging outlier communities.
1036	66436	Very Good	AWARE	ACC		People don't know what is available or are depressed and can't find the wherewithal to care
1237	66436	Good	AWARE	CULT	NH	I believe it goes back to the individual awareness of what resources are available within the context of the individuals environment. Starting there, one can begin to unravel what is truly needed, so its not a "lets lump this into one whole idea" type of thing. That is why looking into social determinants are so complicated and involved. The Hispanic and African American individuals in our community, the low income elderly or those with disabilities including mental health disorders that are untreated, all are going to have very different sets of determinants. So the question is what is the common denominator? What are the basic human needs of all these groups of peoples that can be met to guide them toward health and wellness, but within the context of their uniqueness. Looking into that then one can determine what is missing in the healthcare delivery of the community in which they reside.
1221	66440	Very Good	CLIN	QUAL		I live at Hoyt, we do have the clinic I am thakful for, But over all because we are small we lack, but could inprovel
1106	66552	Average	CLIN	RESO	SPRT	More open clinic's, for those that need it. More than a hotline. A safe house, private help.
1056	66436	Good	ECON	COMM	RESO	I believe it takes a whole village to get our messages across. Continue working with large and small employers to get employees and their families involved and connected. We want all to feel included in our community and have access to as many resources as possible.
1113	66436	Average	ECON	GOV	EDU	Neighborhood watch programs implemented. Bring larger industry to our area for jobs and to help carry the tax burden of our county. Create lower tax so small businesses can survive. We lost Highland center and that was so sad. It was a great asset to our community and give those wanting to further their education the opportunity to do so.
1210	66436	Good	ECON	GOV		Lowering taxes so people can live
1167	66436	Very Good	ECON	HOUS		Economic stability would likely make it harder for small businesses to provide certain options (mainly taxes). Tax rates lead to higher costs for homeowners, which reduces available funds for extra money spent on health options (food, exercise programs, etc).
1047	66552	Very Good	ECON	HOUS		This community needs wider economic activity. there are lots of small businesses but no major employer or manufacturing that could provide stable income and thus allow for better housing perhaps. Affordable housing is a major issue as well. Perhaps zoning regulations to allow more multifamily housing. It all starts with good high quality jobs. I also hear people complain about the number of rental houses in Holton. there seem to be a lot. I think people who own their house tend to do a better job of keeping it maintained and creating more stable neighborhoods.
1030	66436	Good	ECON	INSU		I have no answers. My thoughts are people are not working or working minimum wage Not making money therefore no insurance. Therefore no healthcare.
1179	66436	Average	ECON	SPRT		Economic development because taxes are hurting residents' ability to support families.
1129	66436	Good	ECON	WAG	INSU	Our community needs better job opportunities that offer a higher income and better health insurance plans. Even the school district doesn't have great health coverage. We also need more options for affordable housing.
1096		Very Good	ECON			Economic development that promotes business wanting to come to our area and be local and employ local, this drives everything else.
1230	66436	Very Good	ECON			We need more industry and better job opportunities in the area.
1111	66436	Average	EDU	DENT	ECON	1) Education Access: Partner up with the K-12 surrounding schools to present on things like going to the dentist, doctor, eye doctor, and a balanced meal. 2) I don't know if there is anything our community can do to lower costs/expand job opportunities. I think that we're "stuck here" for now 3) Host community events and update/connect with others through social media 4) I think our neighborhoods and environments are doing alright. I'm not sure what to alter there. 5) Additional/advertisement of current OBGYNs and specialists.
1160	66540	Good	EDU	ECON		Education access needs to be paired with good, real food and teaching about the impact of screens. Addiction to screens is not addressed enough but make a huge impact on economic stability.
1159	66436	Average	EDU	FIT	YOUTH	Education, jobs, community exercise facilities, teen activities
1211	66436	Very Good	EDU	PREV	NUTR	Better education in regards to health and nutrition especially for youth
1031	66436	Very Good	EDU	RESO	AWARE	Educate the community about available resources and medical process available to the community, be more visible to the community.

CHNA 2025 Community Feedback: Jackson County, KS (N=250)

ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1158		Good	EDU	YOUTH	PREV	Education: improved youth outreach. Access to health/lifestyle information, comprehensive sex Ed, drug awareness, etc. Econ Dev.: more childcare options, more affordable housing, job assistance Social/Comm.: more immediate assistance programs, food banks (or better marketing for how to access then); programs that help with no expectation of reciprocity, strict selection criteria); better collaboration between local gov-schools- healthcare providers; more free clinic/treatment opportunities; more access to mental health resources Environment: clean local water/air; safe, public facilities, Quality health: more health literacy outreach; incentivize local providers to offer free services;
1228	66436	Very Good	EDU			It all starts within the household: Faith, Motivation, Determination, etc... I wish I had the answers.
1152	66436	Very Good	FINA	ACC		Cost is a big problem
1025	66436	Average	FINA	RESO	ADMIN	The local hospital (HCH) does not know how to use their financial resources and should not get local tax money. The executive leadership is a joke and should be investigated for fraud. The fact that they have massive administrative turnover should be a sign. The "donations" from the community will never be enough. Tighten the belt and stop playing games.
1134	66436	Very Good	FINA	WAG	EDU	It would be nice to have more high paying jobs in Holton, if possible. To educate the people who need to be educated is difficult. I applaud anyone who knows how to get through. Wanting to do better with your life is on them?
1112	66436	Good	FIT	ACC		I think having a community fitness center would be a HUGE addition to our community.
1093	66540	Good	FIT	MRKT	NUTR	promote exercise programs for those that cannot afford . Improve skills in consumer relations. Look at options to improve the overall availabilty of food assistance, financial assistance . Provide someone who is skilled in all of the programs available and can be a hub for resources.
1075		Very Good	FUND	FINA	RESO	There needs to be more funds/grants/financial assistance, etc., available. ff
1070	66436	Good	FUND	SERV		Proper funding to help pay for these services is crucial and with out the the funding to pay for these critical services they would not exist so that's a focus I would recommend strong focus on
1154	66436	Very Good	HH	NH		Home care and daily help for aging is a need in the community, availability is very limited and difficult to obtain.
1103	66436	Good	HH			Housecalls
1178	66436	Very Good	HOUS	ACC	RESO	Our local area (Holton, and out into JaxCounty) could benefit from the development of small (1-1200 sqft) homes so the numerous widows/widowers could have a place to move to, thus vacating their 1800+ sqft homes. They're 'stuck' in their large homes because there's no small homes available.
1188	66436	Good	HOUS	FINA	INSU	More affordable housing, affordable health insurance, lower property taxes
1189	66509	Good	HOUS	FINA	MH	Affordable housing would be great. There is a small amount of landlords who own multiple properties and the properties are not affordable and/or are junk and not maintained. There is a need for access to the basics: shelter, food, mental health care.
1116	66436	Poor	HOUS	FINA	TRAN	I feel that housing will always be a problem as there isn't enough housing or housing that people can afford in Jackson County. We need a transportation service in our county that can operate 7 days /week and include evening hours. Fix transportation and you might have luck fixing everything else.
1008	66436	Very Good	HOUS	FINA		Low income housing is needed in this area. The cost of living has gone up so much in the last few years that all aspects of life are a struggle.
1250	66436	Good	HOUS	FINA		Affordable rental properties
1085	66617	Good	HOUS	NUTR	EDU	Having basic needs of housing (including heat, electricity, clean water) and healthy food (how to pay for it, get it to those who need it)would be a start. Then Education access (way to pay for it, transportation, appropriate clothing, nutrition, time to study). Access to dental and eye care needs needed for the above as well
1219	66436	Very Good	INSU	HOUS	FINA	Maybe there could be an opportunity for people without insurance or who cannot afford insurance to bring their child for a wellness check and just pay cash at a reasonable price? At this time in my generations live housing with no stairs would be a huge option! Affordable housing!
1082	66436	Good	MH	EDU	TRAIN	Improve mental health options, further education to remove stigma.
1059	66618	Very Good	MH	SERV		More mental health services are needed
1076	66436	Poor	MH	TELE	YOUTH	We need more mental health options to give to our community. We have 2 options in Holton and then tele health at the hospital and tele health is a worthless use of time, I cannot connect to a person over a screen. It may work for some but my young children and myself need in person and cannot get into Jessica Snyder and Kanza is ridiculous you have to sit and see if you get seen.
1015	66436	Good	MRKT	INSU	RESO	Newspaper, social media or other ways to get information out regarding insurance opportunities or ways to get help signing up for insurance.
1079	66440	Good	NUTR	ACC	FINA	Access to healthy foods is very important. There needs to be a cost-effective way we can get this nutrition to all.
1198	66436	Good	NUTR	HOUS	RESO	Food and housing for underprivileged kids. I feel many of the underprivileged kids are just going to cycle through the motions and become like their parents--no aspirations, counting on handouts to provide for their families.
1105	66516	Good	NUTR	RESO		Meals On Wheels needs to be able to reach everybody in Jackson County. Netawaka, Kansas is not being taken care of.
1213	66416	Very Good	NUTR	SERV	ACC	More information on availability of nutritional services. i.e food pantry, catholic charities

CHNA 2025 Community Feedback: Jackson County, KS (N=250)						
ID	Zip	Rating	c1	c2	c3	Q10. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? (Please Be Specific)
1181	66436	Good	POV	ECON	NH	More food for the low income, Economic Stability for Seniors who live on fixed income, more housing for seniors that's affordable,
1195	66436	Good	POV	SPRT	EDU	It's extremely hard to break generational poverty. Guaranteed income, but where does the money come from? State? We have a legislature now that won't even support meal programs or public education, much less a guaranteed income package. It's disheartening.
1002	66436	Very Good	POV	SPRT	HOUS	Some neighborhoods I notice seem run down and in need of repairs/upkeep. Perhaps some type of low income/low interest program to encourage and help struggling families to improve their property. Or a similar program for landlords.
1022	66516	Average	PREV	ACC	MH	I think first we should focus on ensuring people are receiving the proper care that is needed for mental health.
1122	66436	Good	PREV	OWN		We have to restore hope in a better future so people will be more invested in their own health and future.
1165	66436	Good	PREV	RESO	ACC	I wish I had the answers to healthier families and conscientious/dedicated/ hard workers.
1058	66516	Average	QUAL	TELE	EDU	Access to Quality Health: Urgent Care needs opened either associated with one of the neighboring hospitals or acted upon as an independent sponsored by the county and branched with telehealth nurses. Education of specific disease process' can be expanded upon to reduce indidence of negative health care outcomes such as DKA, Hypoglycemia, MI, Stroke, NSTEMI, etc.
1011	66436	Very Good	QUAL			Get after it
1224	66509	Very Good	REC	ACC		I wish I did! Maybe more organized walks around the walking trails at the park. Maybe parks and rec leagues for adults, like pickleball. Inflation is hurting so many people right now at the grocery store, which sometimes makes it difficult for people to choose healthier options.
1120	66419	Good	RESO	POV		We need to bring back the Jackson County Thrive group. Health and poverty are strongly linked.
1205	66436	Very Good	RESO			The community should utilize the assistance of the newly formed KState 105 initiative and use the resources available through the Meadowlark Area Extension on how to address all of these social determinants.
1049	66049	Good	SCREE	WAIT		screen every patient while waiting in the exam room or waiting room
1062	66436	Very Poor	SERV	COLLAB		there are lots of agencies who provide these services - stop competing with each other and work together as a community initiative to spread the word and get people connected to what they need
1201	66436	Good	SERV			Panel of interested local residents.
1023	66424	Good	SPRT	YOUTH	SH	Support for teens and children with coping. Like boyfriend/girlfriend issues, bullying, school struggles.
1041	66509	Average	TRAN	FINA	NH	Free transportation to local doctors. Affordable options for housing for elderly who need assistance. Increase affordable housing within the county.
1086	66436	Very Good	TRAN	FINA	RESO	Increasing affordable transportation options within our community for all types of transport needs. Having a transitional care nurse/department to help guide those on our community to the resources they need.
1032	66436	Very Good	TRAN	HRS	EMS	General transport availability and need for extended hours. Also improved EMS services (increased medics/staff and possible better collaboration with hospitals)
1192	66436	Average	TRAN	NUTR		More transportation and meals
1163	66436	Good	TRAN	SCH	REC	I think an increase in transportation would be beneficial to the community to assist all ages with getting to appointments and others such as to the gym or outdoor trails.
1068	66436	Good	TRAN	SCH		I feel we need some sort of public transportation to help those in need get to and from work and medical appointments
1207	66617	Good	TRAN	SCH		Transportation to and from appointments, etc.
1241	66509	Average	TRAN	SERV		I think that transportation or access to mechanics can play a strong role in people not being able to access services. I also think that it's hard to ask for help when other things feel so overwhelming.
1209	66436	Good	WEB	AWARE		Info provided on social media, local newspaper, through schools, so people can find where to go and who to see.
1185	66440	Very Good	YOUTH	FIT	RESO	Decrease cell phone and gaming use in our youth, increase physical activity in our youth, and keep families in tact. However, this is a societal problem that is difficult to overcome.
1099	66436	Good	YOUTH	REC	RESO	There needs to be an on demand light over 75 highway for kids and walkers to be able to cross. I also feel we need to work on a walking path out to Banner Reservoir as- if we give our young people more to do they stay out of trouble

CHNA 2025 Community Feedback: Jackson County, KS (N=250)						
ID	Zip	Rating	c1	c2	c3	Q8. In your opinion, what are the root causes of "poor health" in our community? Other (Be Specific)
1179	66436	Average	DENT			Need more dental care
1058	66516	Average	DIAB	CHRON		Diabetic Mellitus Management; knowledge deficits are vast
1148		Good	DOCS	ACC		Doctors are not open late enough in the day.
1098	66416	Very Poor	DOCS			Lack of physicians.
1094	66436	Good	DOH	SPRT		Lack of involvement from community members asking for changes.
1110		Good	FINA	INSU		Cost! Adequate healthcare is unaffordable for most, even those with insurance.
1025	66436	Average	FINA	RESO	ADMIN	The local hospital (HCH) does not know how to use their financial resources and should not get local tax money. The executive leadership is a joke and should be investigated for fraud. The fact that they have massive administrative turnover should be a sign. The "donations" from the community will never be enough. Tighten the belt and stop playing games.
1167	66436	Very Good	FIT	OWN	RESO	Only stated "Lack of Exercise" because people don't exercise. I don't think there is a lack of "access" to doing exercise. The others marked aren't necessarily the responsibility of the local providers, but of the individual person himself/herself. Plenty of access to things utilizing the internet/other resources.
1093	66540	Good	HH	NH	FIT	Home health care for the elderly especially. Exercise programs that will help with the lower income people or those that cannot afford the existing programs.
1146		Average	INSU	FINA		Inability to understand and get affordable insurance.
1086	66436	Very Good	INSU	SERV		Medicare Advantage plans dictating what services patients can and can not receive.
1219	66436	Very Good	NUTR	ACC	FIINA	Yes, lack of healthy foods because everything is too expensive! There are people who cannot afford to take their child for services. We had a grandchild here from out of town and needed to see a doctor. We are paying $125 for that! Ridiculous
1182	66419	Good	NUTR			Poor quality of food
1030	66436	Good	OWN			People don't care
1032	66436	Very Good	POV	ECON		Healthcare literacy for low socioeconomic groups
1230	66436	Very Good	POV	ECON		Low income. Low opportunity for income.
1164	66436	Good	POV	INSU	TRAN	Low Income = No Insurance/transportation
1158		Good	POV			Poverty
1244	66436	Very Good	POV			Poverty
1152	66436	Very Good	QUAL			All areas need help
1168	66436	Good	QUAL			laziness
1178	66436	Very Good	SMOK			In this day and age where smoking is widely recognized as an unhealthy life choice, we still have far too many folks smoking.
1241	66509	Average	SPRT			I think stigma is also an issue, it's hard to ask for help when there is a feeling of judgement.

CHNA 2025 Community Feedback: Jackson County, KS (N=250)

ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1221	66440	Very Good	ACC	FIT		We arn't large enough to have what we need, I would like to have more for exercise.
1122	66436	Good	ACC	MH		I don't know specifically but we need more access to quality mental health.
1216	66436	Good	ACC	NUTR		Programs to improve access to truly nutritional food.
1224	66509	Very Good	ALLER	SCREE	LAB	Allergy provider and free health screening day for blood pressure, blood draw, etc...
1179	66436	Average	ALT	TRAIN		Honest holistic health that does not follow the corrupt recommendations of the CDC
1015	66436	Good	CC	CHRON		access to child care seems to continue to be in short supply. More focus on chronic disease management
1198	66436	Good	CC			Community childcare for working parents.
1106	66552	Average	CLIN	NURSE		Urgent care, talk to a nurse line.
1024	66436	Good	CLIN			Urgent Care
1231	66436	Very Good	CLIN			Walk in clinic or urgent care
1169	66440	Good	CLIN			Walk-in Clinic that has some evening hours would be helpful to many, especially working adults.
1237	66436	Good	CULT	HRS	SPRT	Hispanic, health centers with language translators After hours emergency medical clinic Caregiving Agencies Community outreach coordinators-to assist individuals in the community with questions regarding how does Medicare of Medicaid work, assisting with paperwork, or brainstorming on how to navigate the world of aging and transition
1168	66436	Good	DENT	INSU		a dentist who accepts blue cross insurance
1071	66516	Average	DENT	POV		A community healthcare and dental care for low income families
1058	66516	Average	DOH	MH	RESO	Public Health Fairs discussing major health diagnoses that often affect a majority of community members. Expansion upon KANZA mental health services to possibly sponser screening resources to get those affected by mental health were they need to go
1183	66419	Good	DRUG	PREV		Drug and alcohol detox and treatment centers
1085	66617	Good	DRUG	PREV		Program to prevent drug use.
1211	66436	Very Good	EDU	DRUG		More education available for drug abuse
1205	66436	Very Good	EDU	OBES	ALLER	Dietary "cooking" programs to address weight loss, allergies, diabetes, etc.
1032	66436	Very Good	EMS	GOV	MH	More availability in EMS services funding from governmental sources to bring mental health providers to the area
1036	66436	Very Good	ENDO	NEU	MH	Endocrinology, Neurology, Mental Health, Denstistry
1079	66440	Good	FINA	NUTR		Somehow lowering cost for nutritional food items within our county.
1025	66436	Average	FINA	RESO		The local hospital (HCH) does not know how to use their financial resources and should not get local tax money. The executive leadership is a joke and should be investigated for fraud. The fact that they have massive administrative turnover should be a sign. The "donations" from the community will never be enough. Tighten the belt and stop playing games.
1103	66436	Good	FINA	SPRT		Cost and financial help
1096		Very Good	FINA			Anything that can be done to reduce the cost of healthcare.
1011	66436	Very Good	FINA			Free
1234	66552	Good	FIT	CC		Exercise classes with childcare/child exercise classes at the same time
1127	66436	Good	FIT	EDU		Community center that offers exercise options and community education.
1002	66436	Very Good	FIT	NH	FINA	I participate in a senior exercise class at the hospital. It is very good and I am very glad we have it available for a very reasonable cost. However, I wish the scheduling could be such that, in most cases, we could have less down time between sessions.
1021	66436	Average	FIT	NUTR		exercise programs nutrition/meal prepping
1186	66436	Good	FIT	PAIN	TRAN	A wellness center. This can house a wellness specialty area of sorts by moving our pain management, weight management and rehab services to this location. Transportation service provided by the hospital for our patients. Ergonomic evaluations offered to those that work at businesses in the community to promote the overall health and wellbeing of patrons.
1201	66436	Good	FIT	REC		Wellness, physical exercise, local gym
1022	66516	Average	FIT			Exercise programs
1078	66436	Good	FIT			Local fitness such as swimming
1134	66436	Very Good	FIT			Some things to include entire families...exercise type activities. Begin getting people more involved.
1001	66436	Good	HH	HOSP		Home health and hospice
1038	66509	Good	HH	HOSP		Home Health and Hospice
1109	66436	Good	HH	HOSP		Retain home health and hospice services.
1154	66436	Very Good	HH	NH		In home services for elderly
1145	66436	Very Good	HOSP	HH		Keep Hospice and Home Health open!
1047	66552	Very Good	HRS	CLIN		Expanded hours so people don't have to take time off of work to go to the Dr. Perhaps free clinics occasionally.
1129	66436	Good	HRS	CLIN		Offer an after hours clinic.
1219	66436	Very Good	INSU			Maybe someway to pay cash since insurance is so outrageous!
1215	66436	Very Good	MH	DOCS		Mental health providers are needed.
1041	66509	Average	MH	DRUG	DENT	Mental health for people with Medicare Advantage. Programs available for drugs/alcohol. Local access to dentists and also ones who take Medicaid.
1076	66436	Poor	MH	EDU	CC	More mental health, education from staff on a variety of topics that could benefit the community, childcare is also a big need.
1020	66436	Good	MH	OP	THER	outpatient mental health individual therapy for Medicare patients
1209	66436	Good	MH	SERV	COUN	More mental health services, more counseling , more specialists to visit local hospital; aging population can't always go out of town.
1116	66436	Poor	MH	VIO	SPRT	There should be a better mental health program, develop a domestic violence/sexual violence program, health program for teens regarding healthy relationships, birth control, etc
1220	66436	Very Good	MH	YOUTH	SERV	More mental health services, especially for our youth
1023	66424	Good	MH	YOUTH		Mental health programs for youth.
1086	66436	Very Good	MH			Behavioral health
1204	66436	Good	MH			Definitely mental health services for all age groups.
1059	66618	Very Good	MH			Mental health
1207	66617	Good	MH			Mental health
1090	66436	Average	MH			mental health care
1008	66436	Very Good	MH			Mental health for all ages.
1247	66509	Good	MH			Mental Health for all ages
1014	66436	Good	MRKT	FIT	NH	initiatives promoting healthy aging with accessible exercise programs tailored to older adults

CHNA 2025 Community Feedback: Jackson County, KS (N=250)						
ID	Zip	Rating	c1	c2	c3	Q13. What "new" community health programs should be created to meet current community health needs?
1053	66436	Good	NH	COUN	TELE	Our nursing home, one in specific needs to be run better. Maybe even new one opened up with better management. More counseling made available for people, not telehealth, face to face. More health and wellness made available. Not just pushing meds, how to eat healthy and exercise.
1031	66436	Very Good	NH			taking care of the elderly
1105	66516	Good	NUTR	ACC		Healthy Food For Everybody
1111	66436	Average	NUTR	EDU		Maybe an annual of semi-annual balanced meal/healthy meal budgeting course could be offered for the community?
1185	66440	Very Good	NUTR	EDU		Nutrition, meal planning, programs that show families how to easily cook high quality meals that cost less than eating out and promote family meal time.
1196	66440	Good	NUTR	FINA	NH	Access to affordable food and produce. In home care for elderly. There are some services but no availability. Walking trails or community fitness plans
1159	66436	Average	NUTR	PREV	FIT	Health, nutrition, exercise gym for young and elderly
1188	66436	Good	NUTR			Nutrition
1244	66436	Very Good	OBG	FEM		Womens health beyond prenatal. Post partum depression, perimenopause and menopause care.
1153	66436	Average	OBG	HH	HOSP	Labor and delivery brought back to Holton Community Hospital and also do not discontinue the home health and hospice services!
1056	66436	Good	OBG			I think there is a need/want for labor and delivery services.
1017	66552	Very Good	OBG			OB
1113	66436	Average	OBG			OBGYN
1062	66436	Very Poor	PHY	PREV		More physical health initiatives
1093	66540	Good	POV	ECON		Look at the needs of the low income and elderly population in all aspects of care.
1144	66436	Very Good	PREV	FIT	ACC	A community wellness center- a place to workout for all ages
1189	66509	Good	PREV	REC	NUTR	A general health and wellness program. Community involvement in food donations, walking, accessible exercise programs
1115		Good	QUAL	DRUG		None - just continue the old ones with more intentionality and substance.
1070	66436	Good	QUAL			I think we have quite a few health programs. My focus would be to strengthen and grow the current programs that we have
1181	66436	Good	REC	CULT		Indoor pool in HOLTON so Seniors don't have drive to Netawaka or the Indian reservation.
1172	66509	Good	REC	FIT		Attach a YMCA to the hospital!
1012	66436	Good	REC			Indoor walking place
1158		Good	RESO	INSU	NH	Would love to see more free healthcare opportunities for high-need low-resource populations, health/insurance literacy outreach, and lifestyle/healthy living outreach and free check-up opportunities for kids through the school, senior services.
1160	66540	Good	RESO			How to deal with phone and gaming addictions
1125	66436	Average	SERV	FINA	INSU	Not sure we need more programs. We need affordable health insurance for the middle income.
1213	66416	Very Good	SERV	SPRT		human trafficking, cell phone scams for elderly
1120	66419	Good	SERV			Thrive type programs
1195	66436	Good	SPRT	SERV		Fiscal management for families? Is this possible? Family planning? This doesn't affect me personally so don't really know what services are available for family planning.
1192	66436	Average	SPRT			Lesbian and gay kids
1050		Good	SPRT			lgbtq+
1163	66436	Good	YOUTH	DRUG		more options for teenagers and those with substance abuse.

Year 2024-25 - Let Your Voice Be Heard!

Holton Community Hospital along with area providers have begun the process of updating a comprehensive community-wide 2024-25 Community Health Needs Assessment (CHNA) to identify unmet health needs. To gather current area feedback, a short online survey has been created to evaluate current community health needs and delivery. NOTE: Please consider your answers to the survey questions as it relates to ALL healthcare services in our community, including but not limited to our local hospital.

While your participation is voluntary and confidential, all community input is valued. Thank you for your immediate attention! CHNA 2024 online feedback deadline is set for October 14, 2024.

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

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

2. 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	◯	◯	◯	◯	◯

3. How would our community area residents rate each of the following health services? (Continued)

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Hospital Services	○	○	○	○	○
Mental Health Services	○	○	○	○	○
Nursing Home/Senior Living	○	○	○	○	○
Outpatient Hospital Services	○	○	○	○	○
Pharmacy	○	○	○	○	○
Primary Care	○	○	○	○	○
Public Health	○	○	○	○	○
School Health	○	○	○	○	○
Visiting Specialists	○	○	○	○	○

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

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

6. 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 top three.

- [ ] Mental Health (Diagnosis, Placement, Aftercare, Providers)
- [ ] Awareness of Health Services
- [ ] Teen Health (Education)
- [ ] Drug/Substance Abuse
- [ ] Adequate Housing
- [ ] Child Care (Under 18M)
- [ ] Obesity (Nutrition/Exercise)
- [ ] Dental Services taking Medicaid
- [ ] Uninsured/ Underinsured
- [ ] Language Translators
- [ ] Economic Development
- [ ] Healthy Foods
- [ ] Transportation

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

- [ ] Awareness of Health Care Services
- [ ] Mental Health (Diagnosis, Placement, Aftercare, Providers)
- [ ] Teen Health (Education)
- [ ] Adequate Housing
- [ ] Drug/Substance Abuse
- [ ] Child Care (Under 18M)
- [ ] Obesity (Nutrition/Exercise)
- [ ] Dental Services taking Medicaid
- [ ] Uninsured
- [ ] Transportation
- [ ] Healthy Foods
- [ ] Economic Development
- [ ] Language Translation

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

- [ ] Chronic Disease Management
- [ ] Lack of Health & Wellness
- [ ] Lack of Nutrition / Access to Healthy Foods
- [ ] Lack of Exercise
- [ ] Limited Access to Primary Care
- [ ] Limited Access to Specialty Care
- [ ] Limited Access to Mental Health
- [ ] Family Assistance Programs
- [ ] Lack of Health Insurance
- [ ] Neglect
- [ ] Lack of Transportation

Other (Be Specific).

9. 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 Wellness Screenings/Education	◯	◯	◯	◯	◯
Prenatal/Child Health Programs	◯	◯	◯	◯	◯
Substance Use/Prevention	◯	◯	◯	◯	◯
Suicide Prevention	◯	◯	◯	◯	◯
Violence/Abuse Prevention	◯	◯	◯	◯	◯
Women's Wellness Programs	◯	◯	◯	◯	◯
Exercise Facilities / Walking Trails etc.	◯	◯	◯	◯	◯

10. Social Determinants are impacting healthcare delivery. These determinants include 1) Education Access and Quality, 2) Economic Stability, 3) Social / Community support, 4) Neighborhood / Environment, and 5) Access to Quality Health Services. Being this a strong topic of interest, do you have any thoughts, ideas, and/or specific suggestions (food, housing, transportation, support, etc.) to address these 5 social determinants to improve our community health? Be Specific

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

◯ Yes ◯ No

If yes, please specify the services received

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

- ◯ Yes
- ◯ No

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

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

14. 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).

15. 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 Department
- [ ] 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).

16. CHNA Town Halls are important to bring community residents together to review health indicators and determine unmet needs. Which working session time would be the best for Jackson Co KS stakeholders?

- ◯ Breakfast 7:30am - 9am
- ◯ Lunch 11:30am - 1pm
- ◯ Dinner 5pm - 6:30pm

* 17. For reporting analysis, please enter your 5-digit ZIP code.

e.) County Health Rankings & Roadmap Detail

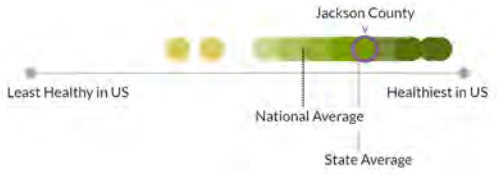
Jackson County

KANSAS HEALTH INSTITUTE
Informing Policy. Improving Health.

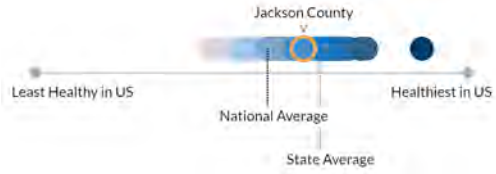
County Health Rankings & Roadmaps

khi.org
countyhealthrankings.org

Health Outcomes



Health Factors



Health Outcomes and **Health Factors** summaries replace the numerical ranking provided in previous years.

Each Kansas county with sufficient data is represented by a dot, placed on a continuum from least healthy to healthiest in the nation.

The color of each dot represents data-informed groupings of counties nationwide with similar **Health Outcomes** or **Health Factors** on the continuum.

2024

Population: 13,286

	2020	2021	2022	2023	2024	Kansas 2024	U.S. 2024
Health Outcomes							
Length of life							
Premature death (years of potential life lost, per 100,000)[1]					7929	8079	7972
Quality of life							
% Reporting poor or fair health, adults[1]		16	17	13	14	14	14
Average number of poor physical health days, adults[1]		4	4	3	3.2	3.2	3.3
Average number of poor mental health days, adults[1]		5	5	4	4.7	5.0	4.8
% Low birthweight, <2,500 grams	6.2	6.3	6.5	6.5	7	7	8
Health Factors							
Health Behaviors							
% Smokers, adults[1]		21	19	20	19	16	15
% Obese, adults age 20 and older[1]			38	37	40	37	34
Food environment index, 0 (worst) to 10 (best)	8.1	8	7.9	8	8.3	7.1	7.7
% Physically inactive, adults age 20 and older[1]			33	23	26	23	23
% Access to exercise opportunities[1]				49	48	80	84
% Excessive drinking, adults[1]		19	19	19	17	20	18
% Driving deaths with alcohol-involvement	21	25	25	25	26	20	26
Sexually transmitted infection rate, per 100,000 population	413	353	448	410	362.0	506.1	495.5
Teen birth rate, per 1,000 females age 15-19[1]					24	19	17
Clinical Care							
% Uninsured, population under age 65	10	10	12	12	10	11	10
Primary care physicians rate, per 100,000 population	68	68	68	61	68	78	75
Dentists rate, per 100,000 population	45	53	53	53	53	63	74
Mental health providers rate, per 100,000 population	53	53	53	60	60	237	314
Preventable hospital stays rate, per 100,000 Medicare enrollees	5003	5171	3811	2709	2514	2576	2681
% Mammography screening, Medicare females age 65-74	46	46	51	45	49	48	43
% Flu vaccinations, Medicare enrollees	29	31	32	31	29	47	46
Social & Economic Factors							
% High school completion, adults age 25 and older[2]		95	95	94	94	92	89
% With some college, adults age 25-44	68	65	61	60	63	71	68
% Unemployed, population age 16 and older	3	2.9	5.4	2.6	2.3	2.7	3.7
% Children in poverty	15	16	12	13	12	14	16
Income inequality ratio, 80th to 20th percentile	3.6	3.6	3.7	3.6	3.5	4.4	4.9
% Children in single-parent households	30	23	23	18	19	21	25
Membership associations rate, per 10,000 population	8.3	8.3	9.1	9.1	9.0	13.2	9.1
Injury death rate, per 100,000 population[1]					103	82	80
Physical Environment							
Average daily density of fine particulate matter[3]	9.3	7.3	8.7	8.1	8.1	6.7	7.4
Drinking water violations?	Yes	No	No	No	No		
% Households with severe housing problems	10	11	12	14	14	12	17
% Driving alone to work	82	80	79	77	74	78	72
% Long commute - driving alone	40	39	43	43	41	22	36

Empty cells: Shaded cells indicate measures were omitted due to methodology change[1], new additions[2], or are unavailable due to low reliability.
[3]Source data have not been updated since the 2023 County Health Rankings Release.

Jackson County

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The annual *County Health Rankings & Roadmaps* data release provides a snapshot of the health of each county in two summaries: **Health Factors** (which measure issues that can shape the health outcomes) and **Health Outcomes** (which measure length and quality of life). Each county is placed on a continuum from least healthy to healthiest in the nation and categorized into a group of counties with similar Health Outcomes or Health Factors. The following tables illustrate the "**drivers**" for health of this county.

What do these drivers mean?
The drivers indicate the measures with the greatest impact on the health of the county. Drivers labeled with a green plus sign are measures on which the county performed particularly well compared to all counties nationwide. Those labeled with a red minus sign are measures which could be improved and may warrant additional attention.

Health Factors: Drivers with the greatest impact on health, Jackson County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	Social and Economic Environment	2.3%	3.7%	+
2	Children in Poverty	Percentage of people under age 18 in poverty.	Social and Economic Environment	12%	16%	+
3	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	Social and Economic Environment	94%	89%	+
4	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	Social and Economic Environment	3.5	4.9	+
5	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	Health Behaviors	40%	34%	-

Health Outcomes: Drivers with the greatest impact on health, Jackson County, KS - 2024

	Measure	Description	Factor Category	County Value	U.S. Value	Direction of Impact
1	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	Length of Life	7929	7972	+
2	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	3.2	3.3	+
3	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	Quality of Life	7%	8%	+
4	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	Quality of Life	4.7	4.8	+
5	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	Quality of Life	14%	14%	+

N/A: Not applicable due to insufficient data.
+ ***Green Plus:*** Measure with a positive impact on a county's health grouping.
− ***Red Minus:*** Measure with a negative impact on a county's health grouping.

Technical Note: The U.S. values are provided as a point of reference. However, the drivers and direction of impact are determined by using the county value and the average across counties in the U.S. and then applying measure weights. Drivers are provided in order of impact on health for this year. Values have been rounded according to how they are presented on the County Health Rankings and Roadmaps website. For more information on the derivation of health groups, please visit: bit.ly/2024CHRzScores. For more information on data sources, year(s) of data and weights for measures, please visit bit.ly/2024CHRmeasures.

CONTINUE THE JOURNEY

Explore resources and strategies to move with data to action.

SCAN FOR MORE INFORMATION

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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