



2016 COMMUNITY HEALTH NEEDS ASSESSMENT



ACKNOWLEDGEMENTS

This report was prepared by Jeanette Metzler, with contributions from members of the Shawnee Mission Health (SMH) Community Health Needs Assessment Committee representing health leaders in our community and SMH leaders.

A special thanks to Johnson County Health and Environment for their expertise and support in the collection and analysis of the data. The Unified Government of Wyandotte County has been an excellent resource throughout this process.

We are especially grateful to all those who participated in our household surveys and key informant interviews. Their contributions make this report possible and lay the groundwork as we continue to fulfill our mission of *Improving Health Through Christian Service*.

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Secondary Data Report is available under the Community Benefit tab on ShawneeMission.org.

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1. EXECUTIVE SUMMARY

Goals

Shawnee Mission Health (SMH) in Shawnee Mission, Kan. conducted a community health needs assessment in 2016. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish the community health needs assessment
- Use assessment findings to develop and implement a 2017-2019 community health plan based on SMH's prioritized issues.

Methods for Engaging the Community in the Assessment

The 2016 Community Health Needs Assessment was built on input from people representing the broad community, as well as low-income, minority and other medically underserved populations. This input was solicited throughout 2016 and was gathered and considered in multiple ways.

1. The hospital formed a Community Health Needs Assessment Committee (CHNAC) that included representatives of the hospital and community (see Section 5) with a special focus on underserved populations within the hospital community/service area. Those members of the CHNAC who serve minority, low-income and other medically underserved populations are indicated in the listing. The CHNAC's role was to guide the assessment process and select the priority issues for the hospital's community.

Specific committee functions include:

- Review of all primary and secondary data
 - Prioritization of key issues identified in the assessment
 - Selection of priority issues to be addressed by the hospital
 - Assistance with the development of a Community Asset Inventory (see Section 9)
 - Participation in community stakeholder surveys
 - Development of the community health plan (implementation strategies) to address the priority issues identified in the assessment.
2. Community stakeholder interviews
 3. Public health input and expertise includes:
 - Membership on the CHNAC
 - Reliance on public health input and expertise throughout the assessment process (see Section 6)
 - Use of public health data (see Section 7).

Community Health Needs Assessment Committee (CHNAC)

In order to ensure broad community input, SMH created a Community Health Needs Assessment Committee to guide the hospital through the assessment process. The CHNAC included representation from the hospital, public health officials and the broader community as well as representation from low-income, minority and other underserved populations.

- The CHNAC met seven times in 2015 and 2016 to review the primary and secondary data and help define the priority issues to be addressed by SMH. Additionally, the CHNAC will develop the community health plan to address the top four priority issues. **See Section 5 for a list of CHNAC members.**

Data

SMH collected both primary and secondary data. The primary data included in-person household surveys, key informant interviews/surveys, and hospital utilization data (inpatient and the Emergency Room (ER)). The secondary data in our needs assessment was generated through the use of Community Commons, a data warehouse that incorporates and organizes national, state, local and other public data within SMH's service area.

Primary Data

1. Household Surveys - In partnership with Johnson County Health and Environment and the CHNAC, SMH chose to collect primary household data using the CASPER methodology with the oversight and direction of the Johnson County Health and Environment Department's epidemiologist. Wyandotte County participated in the planning and assisted in gathering community support and data in Wyandotte County. **See Appendix A for Methodology and Survey Questions. See Appendix F for Household Survey Report.**

2. Key Informant Surveys and Interviews - Community leaders identified by SMH's CHNAC were asked to provide their perspectives on the health and wellbeing of our community by participating in key informant interviews and surveys. Twenty-five key informants were invited to participate with 20 completing the survey. Each key informant was offered the choice of a phone call, in-person interview or an online survey. **See Appendix D for Key Informant Survey Questions and Key Informant Responses.**

Johnson County also conducted key informant surveys. To avoid duplication in completion of surveys, SMH and Johnson County agreed on the questions and the entity that would survey each leader. Johnson County completed 29 surveys. **See Appendix E for Johnson County Key Responses.**

3. Top 10 ER and Inpatient Utilization - A report on the top 10 diagnoses for the ER and inpatient admissions was created by SMH's Finance Department. The report also included the top 10 payers and zip codes. **See Appendix C.**

Secondary Data

The secondary data report was created using Community Commons CHNA Data Warehouse. This report reflects and compares data for the hospital's total service area (TSA), counties within our TSA, Kansas and the U.S. This report is available under the Community Benefit tab on *ShawneeMission.org*. **See Section 7 for a list of data sources and Appendix G for the SMH Secondary Data Report.**

Asset Inventory

An asset inventory was conducted to provide SMH and the CHNAC with an understanding of existing community efforts addressing particular issues and to prevent duplication of efforts as appropriate. **See Section 9 for the Asset Inventory.**

Selection Criteria

Using the primary and secondary data findings and the community asset inventory, the CHNAC first identified the top 10 issues to be considered and then narrowed them down to four. A decision tree tool process assisted with the identification and selection of the top health and health behavior/risk factor issues. The decision tree criteria included:

- How **acute** is the need? (based on data and community concern)
- What is the **trend**? Is the need getting worse?
- Does the hospital **provide services** that relate to the priority?
- Is someone else or multiple groups in the community **already working** on this issue?
- If the hospital were to address this issue, are there opportunities to **work with community partners**?

Priority Issues

The top priority issues identified by the CHNAC included:

- Mental health
 - Reduce suicide related deaths
 - Reduce prescription pain/opiate overdoses and deaths
- Access to care
 - Increase percentage of patients with health insurance
 - Increase number of individuals receiving preventive, early diagnosis and treatment
 - Decrease the number of unnecessary ER visits
- Chronic disease and risk reduction
 - Increase access to healthy and fresh food
 - Improve nutrition and healthy eating
- Poor pregnancy outcomes in Wyandotte County
 - Reduce the number of infant deaths for the first year of life
 - Reduce the number of low birth weight infants.

Approvals

In October 2016, the SMH Hospital Board approved the community health needs assessment findings and selected priority issues. The final needs assessment report will be posted on *ShawneeMission.org* prior to Dec. 31, 2016.

Next Steps

The CHNAC will work with SMH and other collaborative community partners to develop a measurable community health plan for 2017-2019 to address the priority issues. The community health plan will be completed and posted on *ShawneeMission.org* prior to May 15, 2017.

2. ABOUT SHAWNEE MISSION HEALTH

Shawnee Mission Health (SMH) is a network of healthcare facilities and services located throughout the Kansas City metropolitan area and surrounding communities. The network includes Shawnee Mission Medical Center (SMMC) in Merriam, Kan., a 504-bed facility with more than 22,000 inpatient admissions and more than 200,000 outpatient admissions annually; SMH - Prairie Star, a comprehensive health care facility located in western Lenexa, Kan.; three Centra Care Shawnee Mission Urgent Care locations; and physician practices located throughout Johnson and Leavenworth Counties.

SMH serves more than 72,000 patients in its ER annually, has the area's first accredited Chest Pain Emergency

Center and delivers more babies each year at SMMC than any other hospital in the metropolitan area, exceeding 5,000 births in 2015. SMH also has some of the highest customer service or HCAHPS scores in the Kansas City metro. The network employs more than 3,200 local residents and supports an exceptional staff of nearly 700 physicians representing 50 medical specialties, the largest medical staff of any full-service hospital in Kansas City.

SMH is part of Adventist Health System (AHS), a not-for-profit Protestant health care organization. AHS affiliates offer a broad continuum of health services that enrich the bodies, minds and spirits of individuals who live in the communities they serve.



3. CHOOSING THE COMMUNITY

SMH defined its community as its Primary Service Area (PSA) from which 75-80 percent of its patients reside. While our total service area includes eight counties, 80 percent of our patients reside in Johnson and Wyandotte counties.

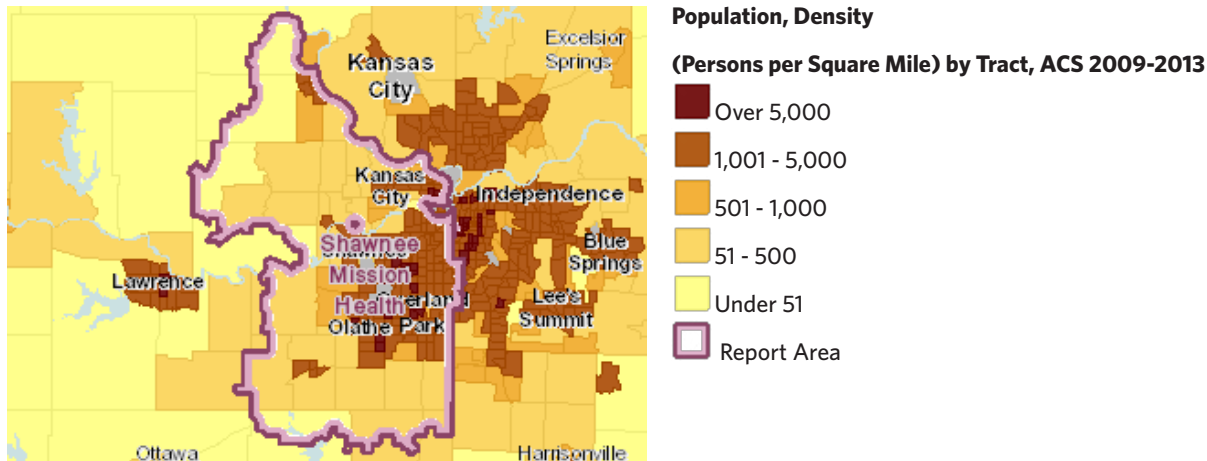


4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

According to the U.S. Census Bureau American Community Survey 2009-2013 five-year estimates, a total of 801,384 people reside in the 1,047 square mile report area defined for this assessment. The population density for this area, estimated at 765.29 persons per square mile, is greater than the national average population density of 88.23 persons per square mile.

Report Areas	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Shawnee Mission Health	801,384	1,047	765.29
Douglas County, KS	112,210	455.75	246.21
Jefferson County, KS	18,971	532.43	35.63
Johnson County, KS	552,947	473.25	1,168.41
Leavenworth County, KS	77,002	462.71	166.42
Miami County, KS	32,682	575.51	56.79
Wyandotte County, KS	158,348	151.56	1,044.79
Jackson County, MO	675,641	604.30	1,118.05
Platte County, MO	90,842	420.08	216.25
Kansas	2,868,107	81,737.08	35.09

Data Source: US Census Bureau, American Community Survey, 2009-13. See Secondary Data Report.



Population/Age Groups							
County	Population	% Male	% Female	Ages 0-17	Ages 18-54	Ages 55-64	Ages 65+
Johnson	552,947	48.86%	51.14%	143,934	280,097	65,949	62,967
Wyandotte	158,348	49.36%	50.64%	44,796	79,382	17,106	17,154
SMH Total Service Area (TSA)	801,384	49.21%	50.79%	208,248	405,572	95,920	92,655
Source	US Census Bureau, Am Survey 2009-13 (See Secondary Data Report)						

See Secondary Data Report for additional population breakdown by age.

Race/Ethnicity							
County	White	Black	Hispanic Latino	Asian	Native Am. Alaska Native	Other	Multiple
Johnson	87.2%	4.33%	7.2%	4.23%	.32%	1.29%	2.63%
Wyandotte	61.99%	25.09%	26.56%	2.85%	.67%	6.33%	3.06%
SMH Total Service Area (TSA)	81.78%	9.08%	10.57%	3.7%	.43%	2.18%	2.83%
Source	US Census Bureau, Am Survey 2009-13 (See Secondary Data Report)						

See Secondary Data Report for Race/Ethnicity by age.

Employment / Poverty / Income / Education				
County	Unemployment June 2014-June 2015	Poverty <100 FPL	Income Per Capita	No High School Diploma
Johnson	3.6%	6.5%	\$38,827	4.4%
Wyandotte	6.6%	23.9%	\$18,957	21.76%
SMH Total Service Area (TSA)	4.2%	10.35%		7.76%
Sources: (Secondary Data Report)	US Dept Labor, 2015	American Survey 2009-2013		

See Secondary Data Report for Poverty rate by Gender, Ethnicity and Race.

Zip Codes in Johnson County with >10% Living in Poverty					
Zip Code	Population	% White	% African Am	% Hispanic/Latino	% in Poverty
66061	55,805	77%	6%	16%	10%
66203	19,156	82%	6%	12%	10%
66204	18,832	76%	6%	13%	11%
66202	16,173	76%	7%	10%	10%
66214	11,691	75%	13%	8%	14%
66018	5,768	86%	3%	4%	14%
66217	5,664	75%	12%	7%	17%

Source: US Census Bureau/Estimate Five Year 2014

Zip Codes in Wyandotte County Living with >10% Living In Poverty					
Zip Code	Population	% White	% African Am	% Hispanic/Latino	% in Poverty
66102	29,507	26%	20%	46%	33%
66104	25,197	25%	52%	19%	27%
66106	24,146	55%	11%	30%	23%
66103	13,496	44%	15%	35%	23%
66101	12,981	18%	33%	40%	43%
66112	11,683	37%	42%	15%	16%
66111	10,324	75%	9%	14%	20%

Source: US Census Bureau / Estimate Five Year 2014

County Health Rankings for Johnson and Wyandotte Counties

The County Health Rankings Roadmap rates Johnson County as the #1 county in the state of Kansas in social/economic factors, health outcomes, and health factors and behaviors. In comparison, Wyandotte County is ranked 101 or last in the state of Kansas.

Overview of Johnson County

Johnson County is made up of 20 municipalities, home to more than 50 Fortune 500 companies, an expansive park and recreation system and home to award-winning schools and libraries. Johnson County occupies a total area of 480 square miles and boasts a population of more than 570,000, which is 20 percent of the state’s population. The majority of Johnson County’s population is between the ages of 18-64. Grade school and high school age students comprise the next largest population group.

The face of Johnson County is changing in both ethnicity and income levels. Racial and ethnic minorities accounted for more than 80 percent of Johnson County’s population growth between the years of 2008-2012. The white population grew by just one percent between 2008 and 2012, compared to 24 percent for all minority groups.

The median household income for Johnson County was \$73,227 in 2012. Between the years of 2008-2012, slightly more than 95 percent of the population graduated high school and 51.6 percent of the population held a bachelor’s degree or a more advanced degree.

One in 15, or about 37,400, of Johnson County’s population earned incomes were below 100 percent of the federal poverty level, a 60 percent increase from 2008 to 2012. Nearly one in six of those living in Johnson County now

have an income below 200 percent of the federal poverty level and considered low-income. Between 2008 and 2012, the number of residents of low socio-economic status grew by 30 percent (22,740 people), which is six times the growth rate of the population as a whole. Nearly 24,000 grade school and high school students participated in the National School Lunch Program, meaning the participation rate has more than tripled since 2000.¹

Overview of Wyandotte County

Wyandotte County is a growing and diverse community that shares a unified government with its county seat and most populous city, Kansas City, Kansas (KCK). Wyandotte County is also comprised of three smaller incorporated cities and one township. While Wyandotte County only occupies 156 square miles, making it the smallest county in the state by area, it encompasses a varied and changing landscape throughout the county. KCK's urban cityscapes on the county's eastern edge give way to rural farmsteads as one moves west. The scenery depends on the neighborhood. For example, streets full of business signs written exclusively in Spanish yield to the vine-carpeted remains of Wyandotte County's time as a stop on the Underground Railroad. And Eastern European delis are near farm plots cultivated by new refugees from Burma, Sudan and Somalia.

A growing ethnic and diverse population matches this diversity in landscape. With 163,369 residents, the fourth largest in the state, Wyandotte County holds no ethnic majority. The 2010 Census shows that 41 percent of residents are white, 21 percent are Hispanic or Latino, 20 percent are African American, and that the county has a growing Asian population. Since 1995, the proportion of residents who were born outside of the U.S. in Wyandotte County has increased by 50 percent resulting in 14.2 percent of Wyandotte County residents born outside of the U.S. Wyandotte County embraces its immigrant legacy with the understanding that its diverse working class provides a unique metropolitan perspective in Kansas.

The median household income in Wyandotte County, as depicted in the 2014 Census estimate, is \$36,637. Services, government and retail trade were the top three employment industries in the county in 2015. Employment in Wyandotte County has also been growing since 2009, with over 2,000 new jobs created in 2015 accounting for 9.7 percent of total metro area job growth.

In 2014, 78.4 percent of residents were high school graduates or higher and 15.8 percent had earned a bachelor's degrees or higher. The number of residents with an associate's degree or higher has grown by 13.9 percent between 2014 and 2016—faster than the state growth of 10.5 percent. Despite this growth, 23.9 percent of Wyandotte County's population lives below the federal poverty line, representing a greater number than any other county in the metro area. The majority, or 36.7 percent, of this population living in poverty is children under the age of 18. In 2015, 81.21 percent of students were eligible for free and reduced lunch in the county, and about 15.9 percent of the county's population receives SNAP benefits.²



¹ Data source for the Johnson County Overview - United Community Services of Johnson County

² Data sources for Wyandotte County Overview include: US Census Bureau, 2014 American Community Survey, 2010-2014 American Community Survey 5-Year Profiles, 2015 Kansas Department of Education, 2015 Kansas Department for Children and Families

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC)

The CHNAC was formed by SMH to help conduct a comprehensive assessment of the community. Jeanette Metzler, Community Benefit Manager, served on CHNAC. The committee included representation from the community, public health, and low-income, minority and other underserved populations. The CHNAC began meeting in September 2015 and has met regularly in 2016. Current CHNAC members include:

Community Leaders

- **Amy Falk**, CEO, Health Partnership Clinics of Johnson County
 - Safety net clinics serving Medicaid, Medicare and uninsured patients
- **Jerry Jones**, Executive Director, Wyandotte County Health Council
 - Community and provider collaboration to improve health and health care for Wyandotte County residents including low-income and minority populations
- **Donna Martin**, MPH, Public Health Planner, Mid-America Regional Council
 - Regional planning organization for Greater Kansas City, addressing health access, housing, homelessness, transportation and the environment
- **Barbara Mitchell**, Director Health and Environment,

Johnson County Health and Environment

- Leader of Johnson County Needs Assessment and provider of public health services
- **Bill Moore**, Vice President, Program and Evaluation, REACH Healthcare Foundation
 - Advancing equity in health care coverage, access and quality for poor and underserved people
- **Shelby Rebeck**, School Nurse Coordinator, Shawnee Mission School District
 - School health programs for children of all incomes and ethnicities

Shawnee Mission Health

- **Robin Harrold**, Executive Vice President
- **Leslie Mackey**, Manager, Life Dynamics Health and Wellness
- **Mark Stoddart**, Administrative Director, Spiritual Wellness
- **Ryan Chaffee**, Junior Accountant, Finance Administration
- **Tricia Walania**, Perinatal Bereavement Coordinator, Birth Center
- **Kim King**, Administrative Director, Care Coordination
- **Melissa Foster**, ASK-A-NURSE Call Center Coordinator
- **Ashley McDonald**, Manager, Marketing and Community Engagement

6. PUBLIC HEALTH PARTICIPATION

Both Johnson and Wyandotte County public health representatives participated throughout the community health needs assessment process. Our door-to-door household survey process was led by Johnson County with the expertise of their epidemiologist. In addition, our key informant responses included perspectives from public health employees in both counties. Wyandotte County public health also participated and assisted in the gathering of household data. Both Johnson and Wyandotte County representatives have experience in conducting community needs assessments, and were involved in many aspects of the SMH needs assessment process. The following county employees provided leadership throughout the process:

- **Barbara Mitchell**, MSW, Community Health Division Director, PIO, Johnson County Health and Environment for 16 years
- **Elizabeth Holzschuh**, BS, MS, Epidemiologist II, Johnson County Health and Environment



- **Wesley McCain**, BA, Healthy Communities Wyandotte Supervisor, UG Health Department (Wyandotte County)
- **Kari Neil, MP**, Epidemiologist and Communicable Disease Coordinator, UG Health Department (Wyandotte County).

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

- a. Community door-to-door surveys, conducted in the home
- b. Key informant interviews/surveys
- c. Hospital utilization data (top 10 inpatient and ER diagnoses by payer)

Secondary Data (Community Commons Data Warehouse)

- a. Cardiac Arrest Registry to Enhance Survival (CARES), 2011-2012
- b. Centers for Disease Control & Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)
- c. CDC, National Center for Chronic Disease Prevention & Health Promotion, 2012
- d. CDC, National Vital Statistics System
- e. CDC, Wide-Ranging Online Data for Epidemiologic Research, 2006-2010
- f. Dartmouth Atlas of Health Care, Clinical Practice, 2012
- g. Dartmouth College Institute for Health Policy
- h. Federal Bureau of Investigation (FBI), FBI Uniform Crime Reports with additional analysis by the National Archive of Criminal Justice Data
- i. Healthy People 2020
- j. National Institutes of Health (NIH); National Cancer Institute (NCI); Surveillance, Epidemiology and End Results Program; State Cancer Profiles; 2007-2011
- k. University of Wisconsin Population Health Institute, County Health Rankings, 2015
- l. US Census Bureau, American Community Survey (ACS), 2009-2013
- m. US Census Bureau, Small Area Health Insurance Estimates, 2013
- n. US Dept. of Agriculture (USDA), Economic Research Service, USDA Food Access Research Atlas, 2010
- o. US Dept. of Health & Human Services (HHS), Center for Medicare & Medicaid Services (CMS), Provider of Services File, Sept. 2015
- p. HHS, Health Indicators Warehouse
- q. HHS, Health Resources & Services Administration (HRSA), Area Health Resource File, 2013
- r. US Dept. of Labor (DOL), Bureau of Labor Statistics, Sept. 2015

8. COMMUNITY COLLABORATION

SMH actively participates in several Kansas City area community health improvement initiatives and has identified three coalitions that embrace similar visions of improving the health of our community especially for low-income, underserved and minority populations. Each of these coalitions are well established with strong leadership and a high level of community support and influence. SMH is actively involved at the leadership and committee level with each of these collaborative coalitions. The collective involvement represents over 300 organizations.

Johnson County Community Health Assessment Process (CHAP)

SMH is involved with Johnson County's community health needs assessment and their community health improvement plan. Over 135 individuals representing 83 organizations participated in the needs assessment process including the development and implementation of the community health improvement plan. Representative organizations include schools, hospitals, mental health facilities, safety-net clinics, faith organizations, the United Way, YMCA and American Heart Association. In addition to the CHAP steering committee, SMH serves on other county health improvement work groups.

Wyandotte County - Healthy Communities Wyandotte (HCW)

HCW is overseen by a steering committee comprised of community leaders. Action teams based on the health disparities in their county are in place with the support and involvement of community organizations. HCW action teams include Infrastructure (built environment), Education, Nutrition, Communication, Health Services, Fetal Infant Mortality, Tobacco and Work Well. SMH actively participates in the Nutrition, Tobacco and Fetal Infant Mortality teams. Approximately 110 community organizations participate in the work of these action teams.

Healthy KC

The mission of the Greater Kansas City Chamber of Commerce initiative, Healthy KC, is to advocate for real solutions that help shape individual, organizational and environmental health change through a collaborative, community-wide public and private partnership. The vision is to create a culture of health and wellness in greater Kansas City. In August 2014, the Healthy KC commissioners created five action teams, each with a steering committee and work groups. These action teams include Active Living, Healthy Eating, Behavioral Health, Tobacco Use Reduction and Workplace Wellness.

SMH is a corporate sponsor of Healthy KC and provides expertise and support for their objectives. Over 250 organizations are actively involved in the various aspects of this coalition. Healthy KC’s recent success includes raising the legal age to purchase tobacco products from

18 to 21 in most of the greater Kansas City municipalities. This goal was accomplished by a collective community of 164 partner organizations, maximizing their influence and desire to improve the health of Kansas City.



9. ASSET INVENTORY OF COMMUNITY PROGRAMS AND RESOURCES

In order to help SMH’s CHNAC determine the community health priorities where they could make a meaningful difference, the hospital conducted a Community Asset Inventory related to the top 10 identified community health needs. The inventory was designed to help the CHNAC narrow the 10 needs to the three to four priority issues.

Top Issues Defined by Primary/Secondary Data	Current Community Programs	Current Hospital Programs
Mental Health	Johnson County Mental Health Center; Wyandotte Center; Prairie Ridge Psychiatric Hospital; Duchesne Clinic; Health Partnership Clinic-JC; Q Clinic; Silver City Health Center; SW Blvd Family Clinic; Rainbow Services Inc.; Mental Health Am of the Heartland; RADC (Substance Abuse)	Inpatient and outpatient behavioral health services
Obesity	JCDHE; HCW-12345 Fit-Tastic; HCW-Infrastructure Action Team and 20/20/20 Campaign; CMH-Weighing In; HealthyKC-Nutrition Action; YMCA; Community and private fitness centers	Nutrition and weight management programs; CREATION Health
Food Insecurity/Access to Healthy and Fresh	Johnson County Food Policy Council; HCW-1422 CDC Grant; CMH-Weighing-In; Double-Up Food Bucks; Harvesters; After-The-Harvest; Giving Grove; WIC and Healthy Food Access; Food pantries	
Access to Care and Affordable Care	Safety Net Clinics: HPC; JCDHE; Mercy & Truth Clinics; Children’s Mercy West; Duchesne Clinic; Jay Doc Free Health Clinic; Quindaro Blvd Clinic; SW Blvd Family Health Care Clinic; Swope Health-West and Wyandotte; Turner House Children’s Clinic; UG of Wyandotte County Public Health; WyCHC; Enroll Wyandotte & Take Charge Wyandotte	24-7 ASK-A-NURSE Line; Financial assistance services; Cardon Outreach (patient support in accessing health coverage)
ED Over Utilization	WyCHC - HOME Initiative; Take Charge Health Literacy & WyCo Community Health Workers Managed Care Companies	Bridge Care Program (Case management for frequent ED users)
Chronic Disease	JCDHE; HCW Action Teams; American Heart Association; American Diabetes Association; American Lung Association; Turning Point @ KU; WyCHC; 1422 CDC Grant-Hypertension and Diabetes Prevention	Patient education; transition coaches; Life Dynamics health and well-being programs; CREATION Health
Poor Pregnancy Outcomes in Wyandotte County	Wyandotte County Fetal Infant Mortality Review Board (FIMR); FIMR Action Team; High School Clinic in Wyandotte County	Obstetric services; prenatal education; post-partum depression support
Poverty/Livable Wage	Artists Helping the Homeless; JC Interfaith Hospitality; Labor Ready/KansasWorks	Financial assistance for patients; Employs over 3,000
Transportation	KC Area Transportation; Managed Care Logisticare; Artists Helping the Homeless; The Special JO	Bridge Care coordinates transportation for follow-up care
Dental	Oral Health Kansas; Health Partnership Clinic; JCCC Dental Hygiene Clinic; Swope Health Wyandotte Dental Clinic; UMKC Dental School; KC Care Clinic	

*HCW - Healthy Communities Wyandotte/WyCHC - Wyandotte Community Health Council/CMH-Children’s Mercy Hospital

10. DATA SUMMARY AND PRIORITY SELECTION

The epidemiologist from Johnson County presented primary and secondary data for the hospital's PSA to the CHNA Committee. Each committee member received copies of the reports. The SMH Finance Department presented admission data for inpatient and the ED including diagnosis, payer source and zip codes for 2015.

At a subsequent CHNAC meeting, the data was reviewed and the committee broke into groups. Each group was given a set of 20 community health issue cards identified through the needs assessment data. The groups categorized and prioritized the

issue cards by scoring each issue based on importance, impact and the ability to impact change. Groups were then asked to select their top five issues and share them with the larger group. Committee members voted on their top three priorities. **See Appendix B for Results of Prioritization Scoring.**

The top 10 issues identified from the CHNAC prioritization exercises, household survey data, key informant survey responses and the top SMH inpatient and outpatient admissions data were reviewed and discussed again to identify the top priorities.

Top 10 Priorities as Identified by CHNAC

1	Obesity	6	Poor pregnancy outcomes in Wyandotte County
2	Mental health	7	Food insecurity (and availability of fresh)
3	Access to care	8	Poverty/Livable wage
4	ED utilization	9	Transportation
5	Chronic disease	10	Dental

Key Informant Surveys and Interviews (Appendix D)

1	Obesity	6	Chronic disease prevention and risk reduction
2	Mental health	7	Transportation
3	Poverty	8	Food insecurity (and access to healthy and fresh foods)
4	Access to care	9	Safe neighborhoods
5	Affordable health care	10	Dental

Community Health Assessment - Household Surveys (Appendix F)

1	Transportation	6	Not enough insurance
2	Mental health	7	Access to healthy food (availability and cost)
3	Livable Wage	8	Overweight/Obesity
4	Positive teen activities	9	Eldercare services
5	Better/More recreation facilities	10	Education

Secondary Data Report (Community Commons Data)

1	Overweight/Obesity	6	Poverty - Wyandotte County
2	Infant mortality - Wyandotte County	7	Chronic diseases (high blood pressure, diabetes, cancer)
3	Low birth weight - Wyandotte County	8	Suicide
4	High teen pregnancy - Wyandotte County	9	Heavy alcohol/Tobacco
5	Low food access	10	

**Johnson County Health & Environment
(After CHA and community prioritization process)**

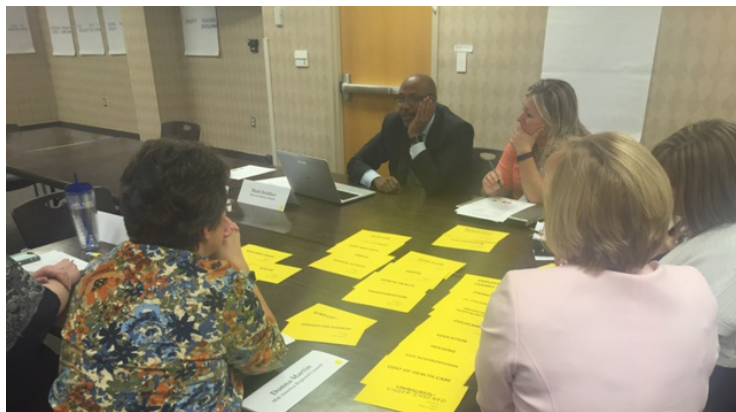
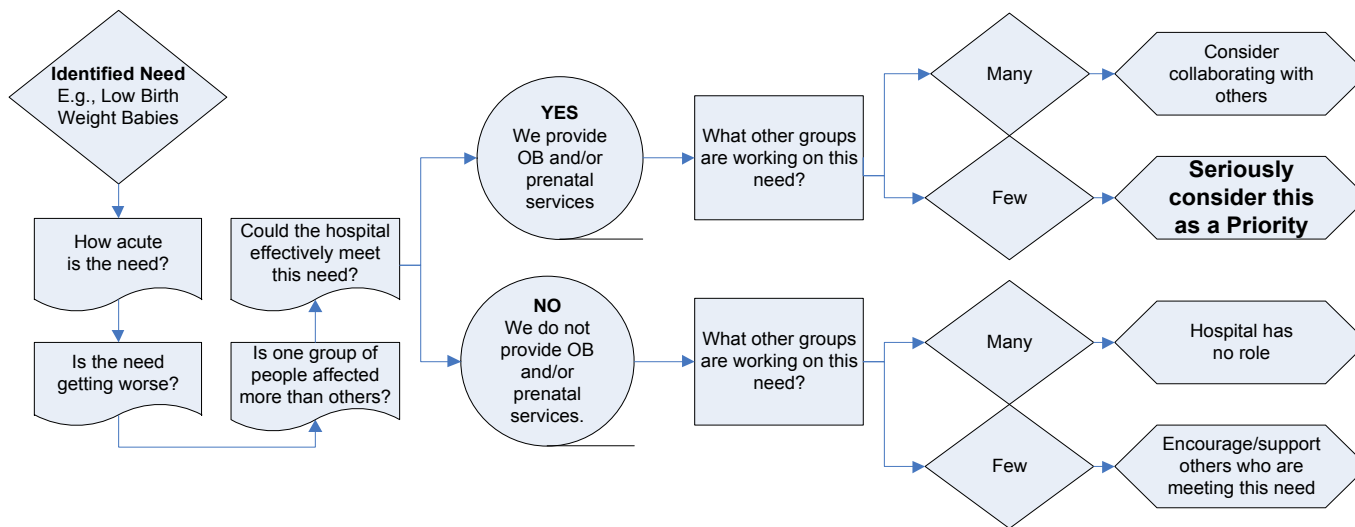
1	Mental health	6	Suicide
2	Access to care	7	Access to healthy food
3	Chronic disease prevention and health promotion	8	Dental
4	Primary care	9	Physical activity
5	Transportation	10	Substance abuse

Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
Mental Health -Reduce suicide	Non-Hispanic White	75 and over 45-64 Teens increasing	Primary Service Area
Mental Health -Reduce the number of prescription drug overdoses and deaths	Non-Hispanic White	25-54	Primary Service Area
Access to Care -Reduce unnecessary ER visits	All ethnicities, with an increase in Hispanic	All age groups	See Top 10 ED Zip Codes
Access to Care -Uninsured/underinsured	Hispanics Black	18-64	Wyandotte and Johnson counties
Poor Pregnancy Outcomes -Low birth weight -High infant mortality	Hispanics African Americans	Child-bearing women and infants	Wyandotte County
Chronic Disease -Access to healthy food -Improve nutrition and healthy eating (obesity)	All ethnicities, with an increase in Hispanic	All age groups	Hot spots identified in Johnson and Wyandotte counties

Priority Selection using the CHNAC Decision Tree

The decision tree (example below) was used to identify priorities and included the consideration of the following questions:

1. How **acute** is the need? (based on data and community concern)
2. What is the **trend**? Is the need getting worse?
3. Does the hospital **provide services** that relate to the priority?
4. Is someone else, or multiple groups, in the community **already working** on this issue?
5. If the hospital were to address this issue, are there opportunities to work with community partners?



Rationale for community issues the hospital <u>WILL</u> address							
Priority Issue	Magnitude (# or % of people impacted)	Disparity Is one group more affected?	Acuity High Medium Low	Trend Is the issue getting worse?	Hospital Services Capacity to Impact?	Duplication Is someone else leading out on this issue?	Collaboration Opportunity Is there opportunity to work with others?
Mental Health -Suicide	Suicide Rate -14/100,000 community health assessment indicated 28% reported feeling hopeless	Males, with increase in females and teens	High	Yes Increase 24% from 1994-2014	Yes	Yes	Yes
Mental Health -Substance Abuse (Prescription Opiates)	28,000 deaths in 2014 with at least half involving prescription RX	No	High	Yes Overdose deaths quadrupled 1999-2014	Yes	No	Yes
Chronic Disease -Access to healthy food -Obesity	35% high BP 10% heart disease 60% obese/overweight	Yes Low Income	High	Yes	Yes	Yes	Yes
Access to Care -Increase insured -Improve insurance literacy	19% not enough insurance 19% indicated cost was too high	Yes, especially those impacted by no Medicaid expansion	High	Yes	Yes	Yes	Yes
Poor pregnancy outcomes in Wyandotte County	Infant deaths 8.4/1,000 Low birth weight 8.3%	Yes, lower income and Hispanics	High	Yes	Yes	Yes	Yes

Rationale for community issues the hospital <u>WILL NOT</u> address							
Priority Issue	Magnitude (# or % of people impacted)	Disparity Is one group more affected?	Acuity High Medium Low	Trend Is the issue getting worse?	Hospital Services Capacity to Impact?	Duplication Is someone else leading out on this issue?	Collaboration Opportunity Is there opportunity to work with others?
Poverty	10.4% at poverty level	24% African American 26% Hispanic/ Latino WyCo	High	Yes	No	Yes, various contributing factors	Yes
Livable Wage	19% of responses in the community health assessment listed in top 3 greatest needs.	22% in WyCo no HS Education	High	Yes	No	Yes	No
Transportation	43% of responses in the community health assessment listed in top three greatest needs.	Lower income	High	No	No	Yes	Yes
Dental	10.6% in SMH service area and 19% in Wyandotte County	Low income and older adults	High	No	No	Yes	No

11. KEY ISSUES TO BE ADDRESSED – EXPLANATION

SELECTED PRIORITIES

Mental Health

Household survey respondents indicated mental health resources as the second most important need for their community. Seventeen percent reported seeing a mental health provider at least once in the past month and 28 percent indicated they have felt down, depressed or hopeless at least occasionally. **See Appendix F-Household Data Report.**

Our key informant surveys also identified mental health as the **most important** health issue facing our community and primary service area. Key informants referenced the impact of state budget cuts on mental health services and the number of other health issues affected by mental and emotional health. The community identified lack of motivation as the greatest barrier to eating healthy and exercising. **See Appendixes D and E.**

Collaboration with community partners will be vital to the success of addressing this issue, and there are new opportunities to collaborate with community partners in addressing mental health issues. The Greater KC Chamber recently launched Resilient KC through the Healthy KC initiative and the Johnson County health assessment process identified mental health as one of their top three priorities.

Prescription pain medication/opiate addictions and deaths due to overdoses have quadrupled from 1999 and 2014. Sprain of back and neck are in the top 10 diagnoses for the ER. SMH is also affiliated with over 700 physicians who engage with patients experiencing pain and has pain centers at both the SMMC and SHM-Prairie Star campuses.

SMMC is one of the few hospitals in the Kansas City metropolitan area providing inpatient and outpatient behavioral health services.

Access to Care

Thirty percent of household survey respondents indicated more affordable health care in the top three community health needs. Eight percent reported not having any health insurance. Nineteen percent indicated while they had insurance, they “did not have enough” insurance. In addition, our primary data indicated that seven percent of our community receives health care when they are ill at free or low-cost health clinics

and seven percent indicated they receive their care in the ER. The key informant responses identified access to care as the greatest community need, specifically addressing the need to increase the insured rate and to improve health insurance literacy. Medicaid expansion has not passed in the state of Kansas, which also leaves a gap of coverage for low-income families.

Over the past several years, the trend has been toward high deductible health insurance plans in an effort to keep the cost of health plans affordable. Even those with health insurance provided by their employer report they are delaying screenings and other important health care because of the additional out-of-pocket costs. While SMH provides financial assistance and a service to assist patients in signing up for Medicaid or other options, there are still considerable opportunities to help increase coverage for our community.

Chronic Disease and Risk Reduction

Thirty-five percent of participants in our household survey indicated they have high blood pressure, 35 percent have high cholesterol and 35 percent self-report being overweight/obese. Ten percent indicate they have heart disease. According to our secondary data, 8.1 percent have diabetes, with Wyandotte County having the highest diabetes occurrence in Kansas with 12.6 percent. The cancer mortality rate for the SMH total service area is 163.9/100,000, which is slightly higher than the U.S. rate. Wyandotte County cancer mortality rate is 221.8/100,000, which is also significantly higher than the U.S. rate.

Access to fresh and healthy food is essential to a healthy weight and improved outcomes for many chronic health conditions including diabetes, heart disease, hypertension and cancer. When respondents were asked for reasons they did not have enough healthy food, they reported cost and transportation as barriers. According to the Feeding America 2013 report in our secondary data report, 13.46 percent of the SMH total service area reported food insecurity at some point during a 12-month period. Wyandotte County reported a food insecurity rate of 17.87 percent.

Strong collaborative efforts and community partnerships in the SMH service area provide an excellent opportunity for implementing strategies to collectively impact health and reduce risks for chronic disease.



Poor Pregnancy Outcomes in Wyandotte County

In Wyandotte County, 31.5 percent of mothers receive no or late prenatal care as compared to the 18 percent in the SMH total service area and 13.5 percent in Johnson County. Infant mortality rates in Wyandotte County are 8.4/1,000 and 8.3 percent of babies born have a low birth weight, which is an indicator of health problems and a higher risk of infant mortality.

SMH delivered over 5,000 babies in 2015 and provides excellent resources in prenatal care and parent education. Wyandotte County has a Fetal Infant Mortality Review Board, in which SMH actively participates. A community collaboration initiative through Wyandotte County also exists and provides excellent opportunities to impact change.

PRIORITIES NOT SELECTED

Poverty/Livable Wage

SMH decided to not include poverty as one of the priorities for our community health plan because we do not have the capacity to make an impact. It is our expectation that

there will be opportunities to positively improve the health of those in our community who are impacted by poverty. Hospital leadership does participate in several Chambers of Commerce and economic development groups who are working to create and sustain meaningful jobs.

Transportation

Forty-three percent of the respondents in our household survey reported transportation as one of the top three needs of our community. However, SMH decided to not include transportation in our community health plan because we do not have the capacity or the influence to make an impact. When developing our community health plan, we will consider barriers created by lack of transportation.

Dental

Dental services are not part of the health care services and outreach through SMH. There has been an increase in dental services for children and the underserved over the past several years. Other organizations including Johnson County and Oral Health Kansas are actively working on issues around dental.

12. NEXT STEPS

The CHNAC will work with SMH and other collaborative community partners to develop a measurable community health plan for 2017-2019 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation. Evidenced-based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress

will be reviewed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the hospital board annually.

The community health plan will be completed and posted on *ShawneeMission.org* prior to May 15, 2017.

13. WRITTEN COMMENTS REGARDING 2013 NEEDS ASSESSMENT

We posted the 2013 Community Health Needs Assessment on *ShawneeMission.org* prior to May 15, 2014, and have not received any comments.

14. REVIEW OF STRATEGIES UNDERTAKEN IN THE 2013 COMMUNITY HEALTH PLAN

SMH conducts an annual evaluation of the progress made from the implementation strategies from the Community Health Plan. The evaluation is reported to the IRS in Form 990. The following is a copy of the 2015 Community Health Plan Evaluation as noted in Form 990, Schedule H, Part V, Section B, Line 11.

Shawnee Mission Medical Center (the Hospital) is located in Johnson County, Kansas. Its service area includes all of Johnson County and three zip codes in Wyandotte County (which is a lower income area than Johnson County). The hospital conducted its 2013 Community Health Needs Assessment in cooperation with the Health Department and other partners. The data and input from the community partners led to two areas of focus relating to lifestyle and education, as well as Post-Partum Depression and Preventable ED Use, for the hospital's Implementation Strategies. A description follows.

Priority: Expand education on eating habits and nutrition

2013 Description of the Issue: Four of eight data sources indicated a need for healthy eating. This included the community survey respondents and community town hall participants who identified obesity, nutrition, and eating habits as top priorities. In addition, the Johnson County 2011 Health Assessment and Kansas Health Matters specifically cited these two concerns.

Nutrition, obesity, and eating habits are lifestyle issues. They directly correlate with diabetes, heart disease/stroke and cancer, which were cited in all eight primary and secondary data sources. Diabetes and heart disease/stroke are two of the most common chronic conditions in the United States and are often poorly controlled. Cancer is the leading cause of death in the U.S. and is now ranked among the most common chronic conditions as well.

Because obesity and poor nutrition are contributing factors to these diseases, a reduction in obesity should contribute to a reduction in complications from these chronic diseases. Obesity interventions also have the potential to delay or eradicate the onset of diabetes, heart disease/stroke and cancer.

2015 Update: The Hospital interventions included the CREATION Health training of 13 church leaders and eight low-income schools as part of Wyandotte County's Young Women on the Move program. The CREATION Health wellness program focuses on choice, rest, environment, activity, trust, interpersonal relationships, outlook and nutrition. The Hospital also exceeded participation goals for its (nutritional) Detoxification, Stop Diabetes Before It Starts and Weight Management University. Other successful nutrition programs included healthy cooking and home gardening classes. The programs were offered at no cost.

Priority: Emphasize physical activity and wellness

2013 Description of the Issue: Five of eight data sources also cited the need for physical activity. Both the community survey and community town hall participants defined physical activity, wellness and exercise as key community needs. The Johnson and Wyandotte County Assessments, as well as Kansas Health Matters, did the same.

Johnson County is the most fit county. Health Matters shows that 21.2 percent of adults do the recommended amount of physical activity. The percentage for Wyandotte County is 14.3 percent compared to 19.8 percent for the Kansas City Metro Area and 17.9 percent for the state. The Healthy People 2020 goal for those engaging in vigorous or moderate physical activity for 75-150 minutes per week is 47.9 percent.

Like nutrition and eating habits, a sedentary lifestyle is linked to the chronic diseases noted above. An active lifestyle should contribute to a reduction in complications from these diseases. Healthy lifestyle habits also have the potential to delay or eradicate the onset of diabetes, heart disease/stroke and cancer.

2015 Update: Attendance reached 535 people in CREATION Health, FITMOM, Tai Chi, yoga, and smoking cessation programs. Other well-attended community education programs included diabetes education, cancer management and stroke risk screenings. Over 1,200 women participated in the hospital's Speaking of Women's Health annual conference. The Ask-A-Nurse information and referral service logged over 100,000 call on topics including wellness and lifestyle.

Priority: Develop enhanced behavioral health services for postpartum depression

2013 Description of the Issue: The issues of mental health, behavioral health, substance abuse, depression and suicide were identified in six out of eight of the Hospital's data sources. In fact, mental health disorders affect an estimated 22 percent of American adults each year.

Suicide rates are 15.1 and 13.5 per 100,000 in Johnson and Wyandotte counties, respectively. Both rates are higher than the national average of 11.3 deaths per 100,000. The rate of adults diagnosed with depression in Johnson County is 15.7 per 100,000, which is lower than the 17.7 rate in Wyandotte County, 16.8 rate in the Kansas City Metro Area and the 18.1 rate in the state of Kansas.

Rates of alcohol dependence/abuse declined from 2002 to 2012. In 2012, 17.7 million Americans (6.8 percent of the population) were dependent on alcohol or had problems related to their use of alcohol (abuse). This is a decline from 18.1 million (or 7.7 percent) in 2002. Deaths from chronic liver disease and cirrhosis are lower than the national average in both Johnson and Wyandotte counties.

Experts believe marijuana has become a substitute for alcohol among younger people. In 2012, 9.2 percent of the U.S. population said they have used an illicit drug or abused a psychotherapeutic medication such as a pain reliever, stimulant, or tranquilizer in the past month. This is up from 8.3 percent in 2002.

2015 Update: Unlike many community hospitals, the Hospital continues to provide adult inpatient and outpatient mental and behavioral health services including medical detoxification, mental health stabilization, the Behavioral Health Assessment Center, and patient programs in mental health, addiction recovery and dual diagnosis intensive care.

In addition, the Hospital is a local leader in obstetric services; nearly 5,000 babies are born at the Hospital each year. The Hospital developed a community/patient post-partum depression (PPD) program in 2014. It is the area's only curriculum-based program managed by a hospital. One-hundred percent of the Birth Center staff have been trained in the Spectrum Health Toolkit for Health Care Providers. New staff members are trained as they are hired. The Birth Center staff reaches out to women in the hospital and after discharge to assess symptoms of depression. Mothers may receive individual counseling or participate in weekly curriculum-based support groups. The support groups are also available

to mothers who deliver at other hospitals. Ninety percent of the participating women reported improvement in PPD systems after six weeks of participation.

Priority: Improve education on proper access to care in the ED

2013 Description of the Issue: A lack of health insurance was cited as a major need in five of the eight data sources. This lack of health insurance or the inability to get into a physician office can drive people to the ED at the nearest hospital. But unless a patient's condition is life threatening with symptoms like severe chest pain, inability to breathe, heavy bleeding, or signs of stroke, the hospital emergency department may not be the best choice. EDs are set up for emergencies, not care for minor or chronic conditions. EDs are not designed to provide continuity of care. They are also the mostly costly form of care.

At the Hospital, between 2007 and 2012, total ED visits increased almost 40 percent, while inpatient admissions increased only 5.7 percent. ED visits by uninsured patients increased 52 percent. ED visits for Medicare patients increased 32 percent, and registrations by Medicaid jumped 79 percent. An analysis of ED data from June 2011 through May 2012 clearly indicates the ED is dealing with an epidemic of "frequent users" who visit four or more times in one year. These frequent users accounted for only 5 percent of ED patients but nearly 20 percent of the total ED visits.

2015 Update: Because uninsured patients have few other health care resources, the Hospital developed a number of interventions that focus on uninsured and low-income patients. The Community Care program involved case management for 75 frequent ED users, including education and development of individualized care and case management plans. In addition, the Community Care Coordinators connected more than one-third of case-managed frequent users with an affordable medical home or primary care provider. They also connected nearly 1,000 other ED users with community resources for consistent care and better management of chronic diseases. As in the past, the Hospital helps eligible patients qualify for Medicaid or insurance coverage available through the Affordable Care Act.

APPENDIX A: SURVEY METHODOLOGY AND HOUSEHOLD SURVEY QUESTIONS

The CASPER methodology uses a validated two-stage cluster sampling method to collect information at the household-level by conducting door-to-door surveys using a random selection of households within identified census blocks.

The assessment area, or sampling frame, was based on SMH's service area and included residents in Johnson and Wyandotte counties. Seven random households within each of the 30 census blocks were identified. If the resident over the age of 18 wasn't home or was unwilling to participate, the surveyors then went to the next closest home. The goal was to complete 210 surveys. We received 181 completed surveys, which resulted in the 80 percent completion rate required for statistical validity. The sampling method utilized for these surveys produces valid and precise estimates within 10 percent of the population.

All surveyors received training to ensure consistency and accuracy for collecting data. To alert residents and encourage participation, postcards were mailed to homes in the selected neighborhoods. Neighborhood associations and apartment complex managers were notified. Newspapers and local TV stations reported in advance the purpose and the benefits of the this community health survey resulting in a cooperative response.

Processes were in place to include collecting information in households where English was not the primary language. Teams of two collected responses using electronic tablets. Survey time averaged 20 minutes. Fifty questions were adapted from previously validated surveys. The questions included personal health, lifestyle questions, access to care, perspective on community health and needs, demographic and social determinants of health.

Citation for Casper Methodology: Malilay J, Flanders WD, Brogan D. A modified cluster-sampling method for post-disaster rapid assessment of needs. Bull World Health Organ. 1996; 74(4): 399-405.; Frerichs RR, Shaheen M A. Small-community-based surveys. Annual Rev Public Health 22, 231-47, 2001.



Hello, I am _____ and this is _____. We represent the Johnson County Department of Health and Environment. We are conducting a community health assessment to learn more about the health and quality of life in Johnson County. The Department of Health and Environment and our community partners will use the results to address the major issues facing our community.

We are very interested in including your opinions. The survey is completely voluntary, and should take approximately 20 minutes to complete. Your answers will be completely confidential and the information you give us will not be linked to you in any way.

Yes No

Are you willing to participate?

If Yes: Thank you. (Begin survey)

If No: Thank you for your time. (Proceed to the next closest house and try again)

Eligibility

We are only interviewing adults 18 and older. Are you 18 years old or older?

Yes No

Yes No

Do you live in this household?

If there is anything that we ask or say that you do not understand, or you would like further explanation about any item, please do not hesitate to ask.

1. Please look at this list of factors. What do you think are **the three most important factors for a "Healthy Community?"** These are factors that most improve the quality of life in a community. If there is something not on this list, please let me know and I will write it in. If you would like, I can read these aloud as you think about them. Select only **three**:

a. Good place to raise children
b. Low crime / safe neighborhoods
c. Low level of child abuse
d. Good schools
e. Access to health care (e.g., family doctor)
f. Parks and recreation (e.g., parks, trails, etc.)
g. Clean environment
h. Affordable housing
i. Access to healthy and affordable food
j. Community preparedness for emergency situations
k. Arts and cultural events

l. Good race/ethnic relations
m. Access to continuing education opportunities
n. Access to public transportation
o. Good jobs that pay livable wages
p. Healthy economy
q. Strong family life
r. Healthy behaviors and lifestyles
s. Low adult death and disease rates
t. Low infant deaths
u. Religious or spiritual values
v. Other_____

2. Please look at this list of community health issues. In your opinion, which three of the following services needs the most improvement in your neighborhood or community? If there is a service that you think needs improvement that is not on this list, please let me know and I will write it in. If you would like, I can read these aloud as you think about them. (Read health problems aloud if asked) Select only three:

a. Animal control
b. Child care options
c. Elder care options
d. Services for disabled people
e. More affordable health services
f. Better/more healthy food choices
g. More affordable/better housing
h. Culturally appropriate health services
i. Counseling/mental health/support groups
j. Better/more recreational facilities (parks, trails, community centers)

k. Positive teen activities
l. Transportation options
m. Availability of employment
n. Higher paying employment
o. Better educational opportunities
p. Access to assistance for food
q. Mental health services
r. Support to help me manage my health conditions
s. Transgender services
t. Other _____
u. None

Built Environment

3. The next question is about walking for transportation. I will ask you separately about walking for other reasons like exercise. During the past seven days, did you walk to get someplace that took you at least 10 minutes?

Yes No Unable to walk Don't know Refuse

4. The next question is about biking for transportation. I will ask you separately about biking for other reasons like exercise. During the past seven days, did you bike to get someplace that took you at least 10 minutes?

Yes No Unable to bike Don't know Refuse

5. For each item, please indicate if you strongly agree, agree, disagree or strongly disagree. Both local and within walking distance mean within a 10-15 minute walk from your home.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Refused
a. Places I go often (e.g., school, library, grocery store, church, etc.) are within easy walking distance of my home.					
b. Where I live, most streets have sidewalks.					
c. It is easy to walk to a transit stop (bus, train) from my home.					
d. Where I live, dogs or other animals make it unsafe for me to walk.					
e. It is easy to walk to parks and playgrounds from my home.					
f. The amount of crime in my neighborhood makes it unsafe to go on walks during the day.					
g. There are major barriers to walking in my local area that make it hard to get from place to place (for example, freeways, railway lines, rivers).					
h. There is so much traffic along nearby streets that it makes it difficult or unpleasant to walk in my neighborhood.					
i. Where I live, there are roads, sidewalks, paths or trails where I can walk or bike.					
j. The amount of crime in my neighborhood makes it unsafe to go on walks at night.					

Personal Health

Now I would like to ask you some questions about your health. Remember your choices will not be linked to you in any way.

6. Would you say that in general your health is:

Excellent Very Good Good Fair Poor Don't Know Refused

7. Now I would like to ask you some questions about general health conditions. Has a doctor, nurse or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

	Yes	No	Don't Know	Refused
a. Asthma				
b. Anxiety				
c. Depression				
d. High blood pressure				
e. High cholesterol				
f. Diabetes (not during pregnancy)				
g. Pre-diabetes				
h. Osteoporosis				
i. Osteoarthritis				
j. Chronic joint pain				
k. Chronic muscle pain				
l. Overweight/obesity				
m. Angina/heart disease				
n. Congestive heart failure				
o. Chronic obstructive pulmonary disease (COPD)				
p. Cancer				
q. Stroke				

8. Over the past 30 days, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than 1/2 the time	Nearly every day	Refused
Little interest or pleasure in doing things					
Feeling down, depressed, or hopeless					

9. During the past 30 days, how many times did you see a doctor or other health professional about these feelings? (#)_____

10. On a scale of 1 - 5 with 1 equaling all the time and 5 equaling none of the time, during the past 30 days, how often have physical health problems been the main cause of these feelings?

All Most Some Little None Refused

11. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? Here are some possibilities. Please choose only one.

- Private counselor or therapist Minister/religious official
 Doctor School counselor
 Family/friend Johnson County Mental Health
 Support group (e.g., AA, Al-anon) Don't know
 Other: _____

12. On how many of the last SEVEN DAYS did you eat five or more servings of fruits and vegetables?

(#) _____

13. I'm going to read some things that individuals report can make changing their eating habits difficult. For each item, please indicate if you strongly agree, agree, disagree or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Refused
a. It is difficult to motivate myself to eat healthy foods.					
b. When I'm very hungry, I have trouble controlling what I eat.					
c. Sometimes I have cravings for foods that aren't good for me (e.g., chocolate, sweets), that I have difficulty controlling.					
d. I am currently watching or reducing my sugar intake.					
e. My friends/family do not support my efforts to eat healthy.					
f. My life is so busy that I have trouble finding time to eat properly.					
g. Healthy foods are often not available when it is time for me to eat (e.g., healthy choices not available at home, work or in restaurants).					
h. I have trouble estimating portion sizes.					
i. I don't know what foods I should eat to be healthy.					
j. I don't know how to prepare healthy foods.					
k. I am currently watching or reducing my sodium or salt intake.					
l. Healthy foods are too expensive.					
m. I often find myself in family and social situations where eating a lot of food is expected.					
n. I find nutrition food labels confusing.					

14. Which of these statements best describes the food eaten in your household in the last three months?

- Enough of the kinds of food we want to eat (*skip to question 16*)
 Enough but not always the kinds of food we want to eat (*skip to question 16*)
 Sometimes not enough to eat
 Often not enough to eat
 Refused

15. For each of the following, please tell me "Yes," "No," or you're "Not sure." Which of the following reasons explain why your household did not have enough food:

	Yes	No	Don't Know	Refused
Did not have enough money, food stamps or WIC vouchers to buy food or beverages.				
Did not have working appliances for storing or preparing foods (such as stove or refrigerator).				
Did not have transportation or had transportation problems.				

16. On how many of the last SEVEN DAYS did you participate in at least 30 minutes of physical activity? (Total minutes of continuous activity, including walking, biking, etc.)

(#) _____

17. Of the following locations, where do you go to exercise or engage in physical activity?

- Outdoor parks or trails
- Home
- Public recreation/community center
- Work
- Faith community
- School setting
- Private gym/pool
- I do not exercise
- Other _____

18. Please tell us which of the following describes the type and amount of physical activity involved in your work.

- I am not employed (e.g. retired, retired for health reasons, unemployed).
- I spend most of my time at work sitting (such as in an office).
- I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, etc.).
- My work involves vigorous physical activity including handling of very heavy objects (e.g. construction).

19. For each of the following statements that relate to ideas about exercise, please indicate if you strongly agree, agree, disagree or strongly disagree.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Refused
I am too embarrassed to exercise.					
I don't have time to exercise.					
My family members do not encourage me to exercise.					
Places for me to exercise are too far away.					
It costs too much to exercise.					
There are too few places for me to exercise.					
Exercise is not important to me.					
I would need child care and I don't have it.					
There is no safe place to exercise.					
I have physical challenges that prevent me from exercising.					
I don't know where the closest park or trail is.					
It is difficult to motivate myself to exercise.					

20. Do you currently smoke cigarettes?

Every day Some days Not at all Don't Know Refused

21. Do you currently use e-cigarettes

Every day Some days Not at all Don't Know Refused

22. Do you currently take prescription medication?

Yes No Don't know Refuse
(if NO skip to question 27)

23. Do you ever forget to take your medicine?

Yes No Don't know Refuse

24. Are you careless at times about taking your medicine?

Yes No Don't know Refuse

25. When you feel better do you sometimes stop taking your medicine?

Yes No Don't know Refuse

26. Sometimes if you feel worse when you take your medicine, do you stop taking it?

Yes No Don't know Refuse

27. How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times per month 2-3 X per week

4 or more times per week Never

28. How often do you have six or more drinks on one occasion?

Never Less than monthly Monthly Weekly

Daily or almost Refused

29. Have you used drugs other than for medical reasons in the last 12 months?

Yes No Don't know Refuse

30. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your regular monthly expenses (including rent/mortgage, electricity, water, etc.)?

Always Usually Sometimes Rarely

Never N/A Don't Know Refused

31. How worried are you right now about not being able to pay for medical costs of a serious illness or accident?

Very worried Moderately worried Not too worried

Not worried at all Don't Know Refused

Emergency Preparedness

The next series of questions asks about how prepared you are for a large-scale disaster or emergency. By large-scale disaster or emergency, we mean any event that leaves you isolated in your home or displaces you from your home for at least three days. This might include natural disasters such as tornados, floods, and ice storms, or man-made disasters such as explosions, terrorist events, or blackouts.

32. For each of the following, please tell me “Yes,” “No,” or you’re “Not sure.” Does your household have a:

	Yes	No	Don't Know	Refused	N/A
Three-day supply of water for everyone who lives here? (A three-day supply of water is one gallon of water per person per day)					
Three-day supply of nonperishable food for everyone who lives here? (By nonperishable we mean food that does not require refrigeration or cooking)					
Three-day supply of prescription medication for each person who takes prescribed medicine?					
A working battery operated radio and working batteries for your use if the electricity is out?					
A working flashlight and working batteries for your use if the electricity is out?					

33. What would be your main method or way of getting information from authorities in a large-scale disaster or emergency? Here are some possibilities. Please choose only one.

- Television
- Radio
- Internet
- Print media (e.g., newspaper)
- Text message (emergency alert system)
- Refused
- Social networking site
- Neighbors
- Friends/family
- NotifyJoCo
- Other: _____
- Don't know

34. In answering the next set of questions, I want you to think about your current relationship with friends, family members, coworkers, community members, and so on. Please tell me to what extent you agree that each statement describes your current relationships with other people. Use the following scale to give me your opinion.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Refused
There are people who enjoy the same social activities I do.					
I feel personally responsible for the well-being of another person.					
I feel part of a group of people who share my attitudes and beliefs.					
I have close relationships that provide me with a sense of emotional security and well-being.					
There are people I can count on in an emergency.					

Access to Care

35. Now I'm going to ask you about health care. What kind of place do you USUALLY go to when you are sick?

- | | |
|--|--|
| <input type="checkbox"/> Free/low cost clinic or health center | <input type="checkbox"/> Health department |
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Pharmacy clinic (e.g., Minute Clinic) | <input type="checkbox"/> Hospital emergency room |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Refused | |

36. What kind of place do you USUALLY go when you need routine or preventive care, such as a physical examination or check-up?

- | | |
|--|--|
| <input type="checkbox"/> Free/low cost clinic or health center | <input type="checkbox"/> Health department |
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Pharmacy clinic (e.g., Minute Clinic) | <input type="checkbox"/> Hospital emergency room |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Refused | <input type="checkbox"/> N/A (doesn't get preventive care) |

37. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy or other facility?

- Yes No Don't know Refuse
(if NO skip to question 39)

38. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose multiple answers. If there was a provider you tried to see who is not listed here, please tell me and I will write it in. If you would like, I can read these aloud as you think about them. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Eye care/optometrist/ophthalmologist |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Pharmacy/prescriptions |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Physical/occupational therapy |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Mental health provider (e.g., psychologist, psychiatrist, counselor) |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Medical clinic | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Refused | |

39. DURING THE PAST 12 MONTHS, was there any time when you or your family member needed any of the following but didn't get it because you couldn't afford it? For each of the following, please tell me "Yes," "No," or you're "Not sure."

	Yes	No	Don't Know	Refused
Prescription medicines				
Routine health care				
Dental care (including checkups)				
Eyeglasses				
Hearing aids				
See a specialist				
Follow-up care				

40. There are many reasons people delay getting medical care. Have you or a family member delayed getting care for any of the following reasons in the PAST 12 MONTHS? For each of the following, please tell me "Yes," "No," or you're "Not sure."

	Yes	No	Don't Know	Refused
You couldn't get through on the telephone.				
You couldn't get an appointment soon enough.				
Once you get there, you have to wait too long to see the doctor.				
The clinic/doctor's office wasn't open when you could get there.				
You didn't have transportation.				
You didn't have health insurance.				
Your insurance didn't cover what you needed.				
Your share of the cost (deductible/co-pay) was too high.				
An interpreter who speaks your language wasn't available.				
Your insurance wasn't accepted by the provider.				
You didn't like the doctor.				
You didn't know where to go.				
It wasn't a priority or you didn't think your condition was serious.				

41. During the PAST 12 MONTHS, how many times have you gone to a hospital emergency room about your own health (this includes emergency room visits that resulted in a hospital admission)?

None
 1
 2-3
 4-6
 7-11
 12 or more
 Don't Know
 Refused
 (if NONE skip to question 43)

42. Tell me which of these apply to your last emergency room visit? For each of the following, please tell me "Yes," "No," or you're "Not sure."

	Yes	No	Don't Know	Refused
You didn't have another place to go.				
Your doctor's office or clinic was not open.				
Your health provider advised you to go.				
The problem was too serious for the doctor's office or clinic.				
The emergency room is your closest provider.				
You get most of your care at the emergency room.				
You arrived by ambulance or other emergency vehicle.				

43. How do other people usually classify you in this country?

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Mixed Race: _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |

44. How often do you think about your race?

- | | | | |
|-------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once a year | <input type="checkbox"/> Once a month | <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Once a day | <input type="checkbox"/> Once an hour | <input type="checkbox"/> Constantly | <input type="checkbox"/> Refused |

45. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- | | | | |
|-------------------------------------|----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Worse than | <input type="checkbox"/> Same as | <input type="checkbox"/> Better than | <input type="checkbox"/> Refused |
|-------------------------------------|----------------------------------|--------------------------------------|----------------------------------|

46. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than experiences of people of other races?

- | | | | |
|-------------------------------------|----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Worse than | <input type="checkbox"/> Same as | <input type="checkbox"/> Better than | <input type="checkbox"/> Refused |
|-------------------------------------|----------------------------------|--------------------------------------|----------------------------------|

47. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles or a pounding heart, as a result of how you were treated based on your race?

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refuse |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------|

48. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refuse |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------|

Demographics

49. Which age category are you in?

- a. 18-24
- b. 25-34
- c. 35-44
- d. 45-54
- e. 55-64
- f. 65-74
- g. 75 or older
- h. Refused

50. Are you Male or Female?

- | | | |
|-------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Refuse |
|-------------------------------|---------------------------------|---------------------------------|

51. Are you of Hispanic, Latino, or Spanish origin?

- | | | |
|------------------------------|-----------------------------|---------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Refuse |
|------------------------------|-----------------------------|---------------------------------|

(if NO skip to question 53)

52. Are you (check all that apply):

- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban
- Other _____
- Refused

53. What is your race?

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| Race _____ | Tribe _____ |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____ |
| Race _____ | |
| <input type="checkbox"/> Refused | |

54. What language is primarily spoken in your home?

- English Spanish Other _____ Refused

55. What is your marital status?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> a. Never married/single | <input type="checkbox"/> d. Divorced |
| <input type="checkbox"/> b. Married | <input type="checkbox"/> e. Widowed |
| <input type="checkbox"/> c. Unmarried partner | <input type="checkbox"/> f. Separated |
| <input type="checkbox"/> Other | <input type="checkbox"/> Refused |

56. What is the highest level of school, college or vocational training that you have finished? *(Mark only one)*

- | | |
|---|---|
| <input type="checkbox"/> a. Less than 9 th grade | <input type="checkbox"/> e. Some college (no degree) |
| <input type="checkbox"/> b. 9 - 12 th grade, no diploma | <input type="checkbox"/> f. Bachelor's degree |
| <input type="checkbox"/> c. High school graduate (or GED/equivalent) | <input type="checkbox"/> g. Graduate or professional degree |
| <input type="checkbox"/> d. Associate's degree or vocational training | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Refused | |

57. What was your total household income last year before taxes? Let me know which category you fall into.

- | | |
|--|--|
| <input type="checkbox"/> a. Less than \$10,000 | <input type="checkbox"/> e. \$35,000 to \$49,999 |
| <input type="checkbox"/> b. \$10,000 to \$14,999 | <input type="checkbox"/> f. \$50,000 to \$74,999 |
| <input type="checkbox"/> c. \$15,000 to \$24,999 | <input type="checkbox"/> g. \$75,000 to \$99,999 |
| <input type="checkbox"/> d. \$25,000 to \$34,999 | <input type="checkbox"/> h. \$100,000 or more |
| <input type="checkbox"/> Refused | |

58. How many *children* 18 or younger does this income support? _____
 How many *adults* does this income support? _____

59. What is your employment status? I will read a list of choices. Let me know which ones apply to you. (Read choices. Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> a. Employed full-time | <input type="checkbox"/> f. Homemaker |
| <input type="checkbox"/> b. Employed part-time | <input type="checkbox"/> g. Self-employed |
| <input type="checkbox"/> c. Retired | <input type="checkbox"/> h. Unemployed for more than 1 year |
| <input type="checkbox"/> d. Armed forces | <input type="checkbox"/> i. Unemployed for less than 1 year |
| <input type="checkbox"/> e. Student | <input type="checkbox"/> Refused |

60. Do you have access to the internet?
 Yes No Don't know Refuse

61. What is your zip code? (Write only the first 5 digits.) _____
 (Read) These are all the questions that we have. Thank you so much for taking the time to complete this survey!

APPENDIX B: RESULTS OF CCHNAC PRIORITIZATION EXERCISE

Small Group Exercise- Rate 20 different issues on a scale of 1-5 for each based on the following criteria:

- Importance
- Impact
- Ability to change

Yellow Group	Green Group
Access to Care - 14	Mental Health - 15
Obesity - 13	Obesity - 15
Mental Health - 13	ED Utilization - 14
Poverty - 12	Under/Uninsured - 13
Transportation - 12	Access to Care - 13

*15 is the highest possible score

Individual CCHNAC Prioritization Exercise (20 health issues)

Red = 4 votes / Green = 3 votes / Yellow = 2 votes / Blue = 1 vote

1. Obesity - 33
2. Mental Health - 33
3. Access to Care - 26
4. Poverty - 20
5. Transportation - 18
6. ER Utilization
7. Food Insecurity - 12
8. Nutrition - 10
9. Dental - 8
10. Financial Stress - 8

APPENDIX C: TOP 10 DIAGNOSES FOR 2015

Emergency Room

1. Urinary tract infection
2. Headache
3. Chest pain
4. No procedure (patient decision)
5. Acute bronchitis
6. Otitis media
7. Gastroenterit
8. Anxiety
9. Sprain lumbar region
10. Sprain of neck

Inpatient

1. Labor in hospital without C-section
2. Labor in hospital with C-section
3. Septicemia
4. Delivery with 2 Deg Laceration
5. Previous C-delivery-delivered
6. Morbid obesity
7. Delivery with 1 Deg Laceration
8. Post-term pregnancy
9. Pneumonia
10. Acute kidney failure

APPENDIX D: KEY INFORMANT SURVEY QUESTIONS AND SMH RESPONSES

Shawnee Mission Health and Johnson County with other community partners are conducting a community-wide health needs assessment. Your thoughts and opinions about your organization/agency's target population is an important component to this assessment. Please complete the following short survey within the next 10 days. Thank you for your time and participation!

Geographic area served, check all that apply:

- Johnson County Wyandotte County Kansas City, MO Other

Overall

1. Please describe the population you serve.
2. What are the greatest strengths of Johnson County?
3. What are the areas in need of improvement in Johnson County?

Race/Cultural

4. How would you describe the culture of Johnson County? In what ways is our county diverse?
5. What are some of the prevailing values and beliefs in Johnson County?

Health Care/Mental Health Access

6. What are the three most important health issues in Johnson County?
7. How accessible and adequate are primary health care and other human services in Johnson County?
8. If you view primary health care or human services as inadequate, how might the need be addressed?
9. How adequate and accessible are mental health services within Johnson County?

Affordability

10. How affordable is it to live in Johnson County?

Transportation Issues

11. What are the transportation needs of people in Johnson County?

Physical Activity

12. Does Johnson County have adequate programs which promote healthy lifestyles? Y/N
 - a. How do residents obtain information about these programs?
13. In your opinion, what are the top three things that could be done to improve physical activity in Johnson County?

Healthy Food Access

14. Do you see barriers for Johnson County residents in accessing healthy foods?
 - a. If so, what are some barriers you see in the county? And for whom?
15. Do you see other barriers to actually preparing and consuming healthy foods?
 - a. If so, what are some barriers you see in the county? And for whom?
16. Other comments/additional needs of the population?
17. What can be improved?

KEY INFORMANT RESPONSES - SMH

The following organizations and the community/population they support are listed below:

Organization	Geographic Area Served	Population Served
Health Partnership Clinics	Johnson, Miami and Franklin counties	Medicaid, Medicare, uninsured/underinsured and underserved
United Way	Greater Kansas City	Fund over 300 programs with unique populations
Greater Kansas City Chamber - Healthy KC	Greater Kansas City	Businesses and KC area residents
Unified Government - Wyandotte County	Wyandotte County	Wyandotte County residents
Wyandotte County Health Council	Wyandotte County	Impoverished communities with large populations of minorities and refugee populations
Kansas City Kansas School District	Wyandotte County	Families and students in Wyandotte County
Shawnee Mission School District	Shawnee Mission School District in Johnson County	Families and students in Johnson County
Blue Valley School District	Blue Valley School District in Johnson County	Families and students in Johnson County
CBIZ - Health and Well-being Consultants	Greater Kansas City	Employers working on improved health and well-being
Johnson County Health & Environment	Johnson County	Johnson County residents with a focus on the underserved
Wyandotte Healthy Communities	Wyandotte County	Wyandotte County residents
Your Wellness Connection	Johnson County (and regional)	General population
American Heart Association	Greater Kansas City	
American Cancer Society	Greater Kansas City	
SMMC Foundation	SMH Primary Service Area	
SMH Physicians	SMH Primary Service Area	Wide variety of patients and clients with health issues
SMH Marketing- Community Outreach	SMH Primary Service Area	General population
SMH Life Dynamics Health & Wellness	SMH Primary Service Area	General population
Did not provide	Johnson County	Individuals with psychiatric and substance abuse
SMH Care Coordination	SMH Primary Service Area	Patients and families

What is the community's greatest strengths?

Collaborative Community (4 comments)

- "Johnson County works together between government agencies. With collaboration and cooperation, there is no limit to what can be accomplished." -SMMC Foundation
- "People come together to get the underserved the services they need." -Health Partnership Clinic
- "Creative non-profits that collaborate very well."
- "The Wyandotte County community embraces diversity and has a rich history. The public health community has a strong collaborative focus and understands that no one will be successful if working independently." -Wyandotte County Health Council
- "Trust, passion and skills of agencies working to improve health. Increased funding from partners and buy-in of policy makers." -UG of Wyandotte County

Educated Population (# of responses)

- "In Johnson County, our strengths include a higher educated and higher economic base." - SMH Physician
- Good schools - (3)

Built Environment

- Excellent trails and parks - (3)

Health and Wellness

- "A strong health care system and less apathy in population. Awareness of prevention and detection in community." -American Cancer Society
- "Strong coordinated health programs in the schools. Registered Nurse in every school and strong community support." -School Nurse Coordinator

What are the greatest community needs? (# of responses)**Access to health care- 11**

- More health coverage for the underinsured and uninsured - 3
- More affordable health care - 2
- Better access to health care - 4
- Access to affordable medications - 2
- Improve physician to patient ratio in Wyandotte County - 1
- Cost-effective, non-evasive health options addressing the whole person - 1

Poverty - 8

- Decreasing poverty - 3
- Jobs with a livable wage - 3
- Affordable and healthy housing - 2

Mental health - 7

- More services - 4
- Suicide prevention - 2
- Treating trauma caused by being raised in impoverished community - 1

Dental

- More resources for dental services - 1

Chronic Disease Prevention

- More wellness/prevention resources - 2
- Health education in low-income areas - 1
- Addressing obesity in children and adults - 2

Environment

- Safe streets for walking, biking and exercising
- Reduction in violence
- Transportation

Eldercare and Older Adults

- Services around health care transitions
- Services and resources for addressing dementia in adults

Children

- Services for children with special needs
- Early childhood education

What are the 3 most important health issues? (# of Responses)

- Mental health (5)
- Obesity (4)
- Uninsured / Underinsured (4)
- Health care costs (3)
- Cancer (3)
- Hypertension (3)
- Inactivity (3)
- Diabetes (2)
- Tobacco (2)
- Nutrition (2)

- Prevention/wellness (2)
- Access to healthy and fresh food (2)
- Substance abuse (2)
- No medical home (2)
- Violence/crime (2)

How accessible and adequate are primary health services?

Most respondents reporting for Johnson County indicated there are an adequate number of quality health services for those with insurance and ability to pay. For those on Medicaid there are not enough options. Transportation was also mentioned by three of the respondents as an issue to access as well as ability to access services properly. Rural areas in Johnson County have limited health services.

In Wyandotte County they report a higher uninsured rate, and not enough safety-net clinic services available. "Provider to population ratio in Wyandotte County is 1:1,829." -*Wyandotte CHC*

How accessible and adequate are human services?

- "More mental and behavioral health services are needed." -*SMMC Foundation*
- "More options are available in the urban areas, much less in the rural. The need always exceeds the availability. Different organizations have different requirements, which makes it challenging for clients." -*United Way*
- "Limitations in Wyandotte County and continually seeing reductions in services with budget decreases in the state of Kansas." -*Wyandotte CHC*
- "Most of the services are adequate and accessible except for housing and serving the homeless population." - *Health Partnership Clinics*

How accessible and adequate are mental health services?

All respondents indicated concerns around access and availability of mental health services. Below are a few of the comments that summarized their responses.

- "Need for more services to prevent suicide."
- "Many health issues are impacted due to emotional and mental health."
- "Low number of psychiatrists available with long waits."
- "Budget cuts have dramatically impacted access."
- "Huge need. Chronic stress and trauma caused by poverty and violence are rampant and present barriers to improving health." -*Wyandotte County Health Department*
- "Need for additional services that fill the gap from hospitalization back to the community."

How affordable is our community?

Most responses indicated community was affordable especially in comparison with other cities. Participant comments include the following.

- “The raise in Kansas taxes has affected many people making it more difficult to live in our community.” -Health Partnership Clinic
- “There is affordable housing, however, the key is the limitation of available safe affordable housing. With the number of unemployed and the degradation of neighborhoods, access to affordable housing is a restriction.” - Wyandotte CHC

What are our transportation needs?

Most respondents reported minimal transportation issues for those with cars, and indicated a desire for more and better public transportation. Concerns around transportation are quoted below.

- “Transportation is consistently cited by our funded program representatives as one of the greatest needs.” -United Way
- “Need for an adequate bus service and a better sidewalk network.” -Wyandotte CHC
- “Many residents rely on neighbors and family members to provide transportation in emergency situations.” - Wyandotte County Health Department

Is there adequate programming to promote healthy lifestyles?

No - 9/Yes - 9

If no, what is needed?

- More of a concerted effort in messaging and education.
- “Many programs are available, but people are not motivated to participate.” -Your Wellness Connection
- “Organized recreational activities and opportunities for people to walk.” - Wyandotte County Health Department

- “There are programs available and the number are growing, but today they lack the capacity to truly have an impact on health indicators. There is a growing awareness, but more is needed. The introduction of community health workers is the next step to help connect patients with programs and resources.” -Wyandotte CHC

How do residents obtain information about healthy lifestyles?

- Newsletters
- Online media/social network
- From others (friends, family and co-workers)
- Hospitals
- Recreation departments and fitness facilities
- Churches
- Employer wellness programs

What is needed to promote more physical activity?

- Increase safety
- More bike/walk friendly communities
- Physician encouragement and support
- Effective worksite solutions including standing desks and flexible work schedules to support physical activity throughout the day
- Improve park infrastructure (repairs and lighting) - Wyandotte County Health Department
- Online media/social network

Are there barriers to accessing, preparing and consuming healthy food? If yes, what are the barriers?

No - 4 / Yes - 2

- Food deserts and lack of grocery stores - 4
- High cost of healthy and better quality foods - 6
- Time and convenience -2
- Knowledge of food preparation - 3

**APPENDIX E: KEY INFORMANT SURVEYS
JOHNSON COUNTY HEALTH AND ENVIRONMENT- 29 COMPLETED SURVEYS**

Johnson County survey did not ask respondent to provide organization they served, but did request information about the population they served. (# of organizations identifying this response)

- 200 percent below poverty (5)
- Underinsured/uninsured
- Low income pregnant women and children 0-5
- Suburban, mostly white residents (4)
- Birth to three with developmental disabilities
- Patients in need of emergency services
- 60+ population
- Deaf and hard of hearing
- Adult and juvenile criminal offenders
- Latinos and immigrants (2)

What are Johnson County's greatest strengths?

- Strong economy and affluent population (3)
- High employment and good job opportunities (3)
- Options for dining, shopping and recreation
- Affordable and quality housing
- Infrastructure and good roads (2)
- Parks/green spaces and trails (4)
- Safe neighborhoods (2)
- Part of a large metropolitan area
- Good public schools and educational opportunities (5)
- Good health outcomes
- Low uninsured rate

Services-

- Professional governments (county and city)
- County resources and services (6)

What are the greatest needs in Johnson County?

- Affordable housing (9)
- Transportation (8)
- Affordable health care (6)
- Higher wages and jobs with growth potential (6)
- Mental health (4)
- Bi-cultural services (3)
- Focus on communities in poverty (2)
- Child support enforcement
- Child care
- Dental

- Mental health needs are not being met (3)
- Difficult to access for those not diagnosed with SPMI (2)
- Difficult to access and need more access points (3)
- Johnson County Mental Health changes are continuing to show improvements (3)
- Need to focus on building community support through police and mental health workers

How affordable is our community?

- Affordable to reasonably affordable - 10
- Not affordable, especially for those on limited income - 10

What are the three most important health issues?

- **Access to care (26)**
 - Under insured/uninsured (14)
 - Health insurance literacy (3)
 - Medications (2)
 - Access to care during non-traditional hours
 - Preventive care
 - Specialists
 - Physicians who will see uninsured/Medicaid
 - Medical devices and equipment for specific health conditions
 - Medications
 - Prenatal support
- **Chronic disease (12)**
 - Obesity/nutrition/access to healthy food (5)
 - Diabetes/heart disease (3)
 - Wellness education (4)
 - COPD (1)
- **Mental health (8)**
 - Substance abuse (2)
 - Suicide
- **Dental (4)**
- **Built environment (5)**
 - Infrastructure to support physical activity (3)
 - Water/air pollution (2)
- **Aging (2)**
 - Health care for end of life
 - Alzheimer's and dementia

What are our transportation needs?

Nearly all respondents indicated improved public transportation options and that transportation is very difficult without a car.

Is there adequate programming to promote healthy lifestyles?

Yes - 17/No - 12

If no, what is needed?

- More offerings through employers
- Continued expansion and connectivity to trails and parks
- Community programs through the schools
- Safe routes to schools
- Adult bike education
- Low cost options for community centers
- Use of food stamps at farmers' markets

What is needed to promote more physical activity?

- Promotion and awareness campaigns (7)
*consider Latinos in messaging
- Promotion and better marketing of trail system (6)
- More bike friendly options
- Safe walk/bike to school (2)
- Increase PE at schools
- More affordable gyms/sliding scale (5)
- Policy, planning and promotion to support active transportation (2)
- Free or low cost programs for specific age groups including seniors (2)
- More community events that are low cost or free

How accessible and adequate are primary health services?

- Very accessible and adequate for those who have health insurance and ability to pay (8)
- Limited access for those with no insurance or means to pay (10)
- Transportation is an issue for those without cars (3)
- Hours are not conducive to working schedules

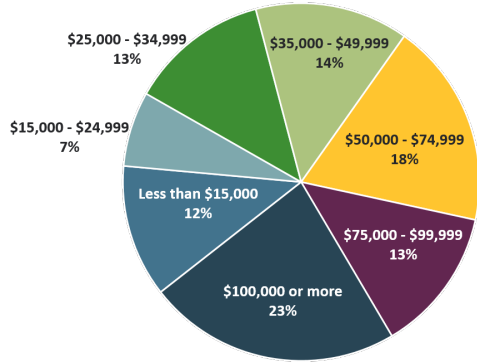
Are there barriers to accessing, preparing and consuming healthy food?**Yes - 22**

- Cost (11)
- Sales tax on food (2)
- Knowledge on how to prepare healthy food (4)
- Too many fast food restaurants
- Grocery stores are becoming further apart
- Convenience/time to prepare (2)
- Inability to use food stamps at farmers' markets

How accessible and adequate are mental health services?

- Average to above average (3)
- Transportation is a barrier (3)
- Long waits for services (3)

Household Income



1/5 Of the population earns less than \$25,000

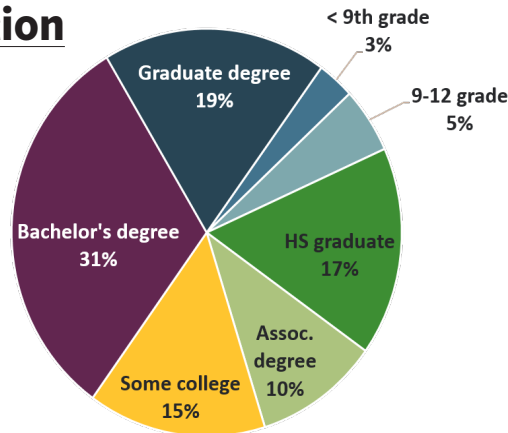
1/4 Of the population earns over \$100,000

Marital Status

1. Married (57%)
2. Divorced (17%)
3. Never married/single (15%)
4. Widowed (8%)
5. Unmarried partner (4%)



Education



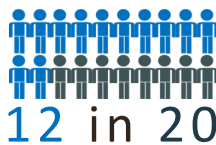
Employment

1. Full-time (48%)
2. Self-employed (29%)
3. Part-time (7%)
4. Unemployed (7%)
 - Less than 1 year (5%)
 - More than 1 year (2%)

General Health Self-Perception



Overweight/Obese



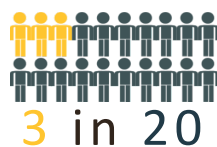
High Blood Pressure



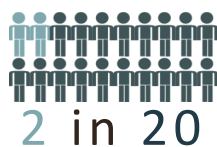
High Cholesterol



Pre-Diabetes

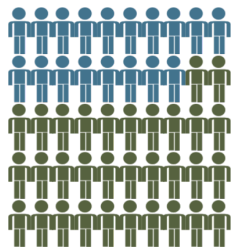


Heart Disease



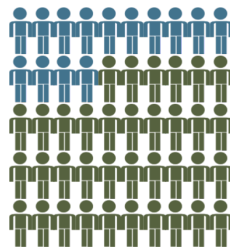
Mental Health

Little interest or pleasure in doing things



18 in 50 people said that in the last month, they have felt little interest or pleasure in doing things at least occasionally

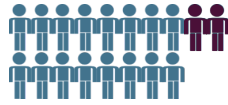
Feeling down, depressed or hopeless



14 in 50 people said that in the last month, they have felt down, depressed or hopeless at least occasionally

Mental Health

Little interest or pleasure in doing things Feeling down, depressed or hopeless



17% saw a mental health provider at least once in the past month about these feelings

Mental Health

Little interest or pleasure in doing things Feeling down, depressed or hopeless



4% saw a mental health provider five times in the past month about these feelings

Emotional Wellness



12 in 50
Always/usually worried about paying bills

8 in 50
Sometimes worried about paying bills

Emotional Wellness

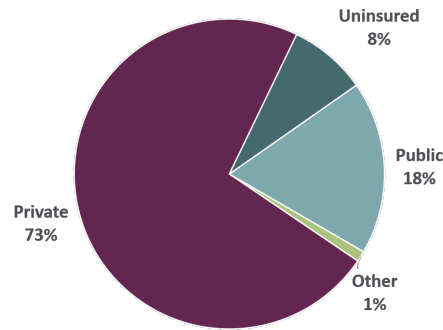


5 in 50
Very worried about paying **medical** bills

10 in 50
Moderately worried about paying **medical** bills

Health Care Access

Health Insurance



Where do you go for health care when ill?

1. Doctor's office (67%)
2. Pharmacy clinic (11%)
3. Emergency room (7%)
4. Free/low cost clinic (7%)

Where do you go for preventative health care?

1. Doctor's office (86%)
2. Free/low cost clinic (9%)
3. Pharmacy clinic (2%)

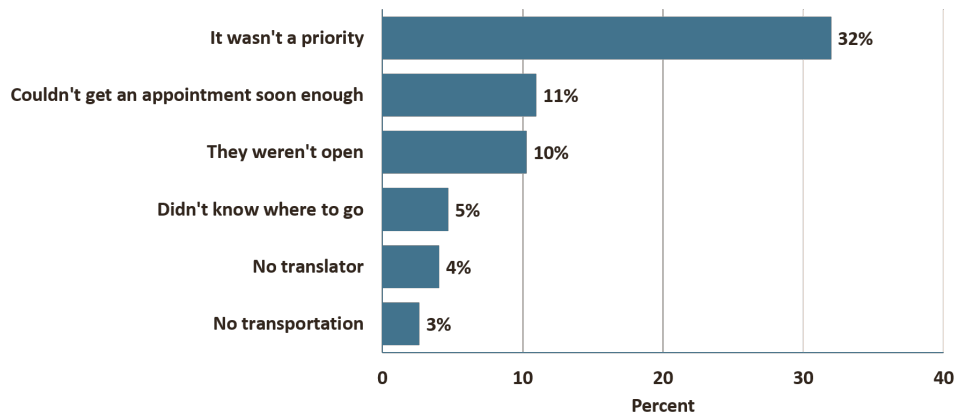


2 in 10 people said they had a problem getting health care for themselves or a family member in the last 12 months

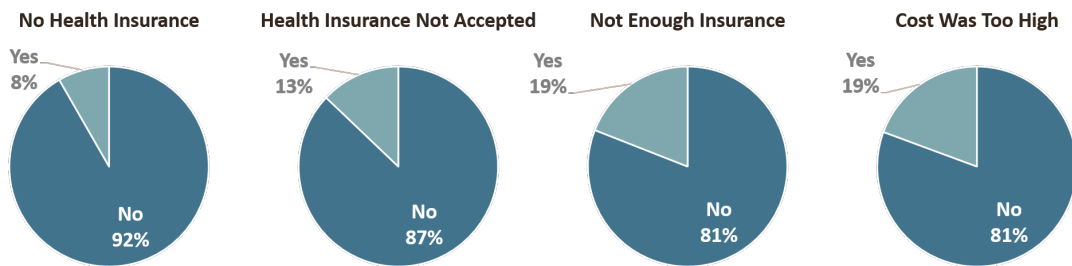
Health Care Services People Identified as Having Problems Accessing

1. Dentist (30%)
2. General practitioner (28%)
3. Mental health provider (14%)
4. Medical clinic (13%)
5. Physical therapy (6%)

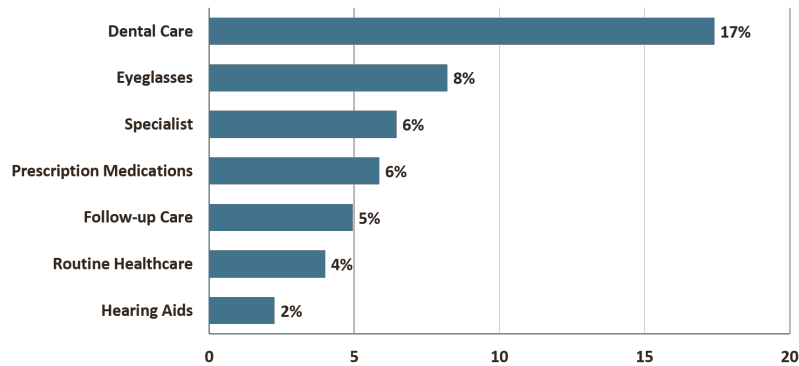
Reasons for Delaying Care



Financial Issues in Obtaining Care



Couldn't Afford



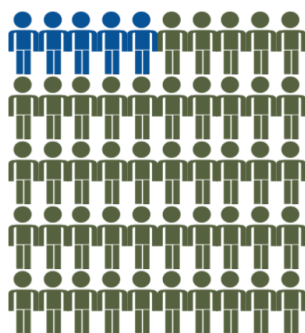
Emergency Room Usage



1 in 4

Visited the ER one or more times in the past 12 months

Emergency Room Usage

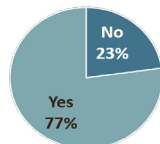


5 in 50

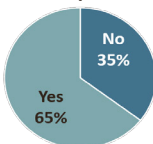
Visited the ER two or more times in the past 12 months

Reasons for ER Usage

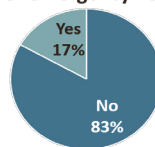
Problem was too serious for the doctor's office



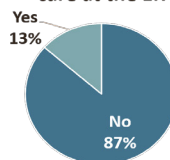
Doctor's office wasn't open



Arrived by ambulance or other emergency vehicle



Receive majority of care at the ER



Prescription Medications

57% Take prescription medications

22% Occasionally forget to take their meds

9% Stop taking their meds when they feel better



Health Behaviors

19%

Smoke cigarettes some days or every day



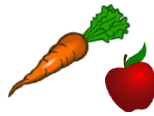
2%

Smoke e-cigarettes some days or every day



Number of days with five or more servings of fruit and vegetables

29%



0 days

14%



7 days

Reducing salt

51%

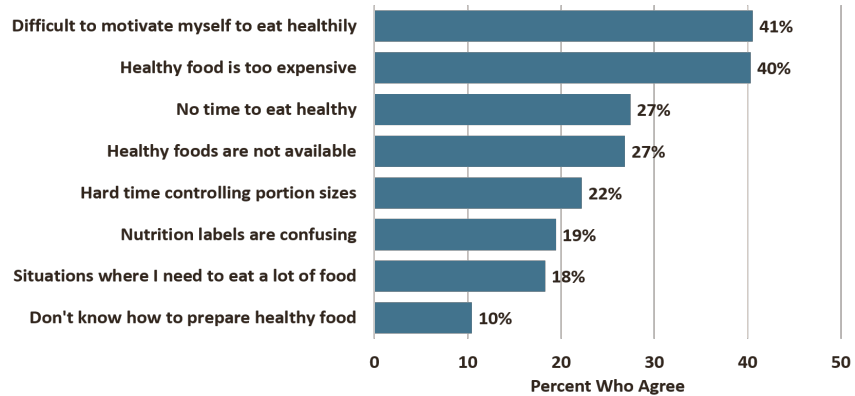


Reducing sugar

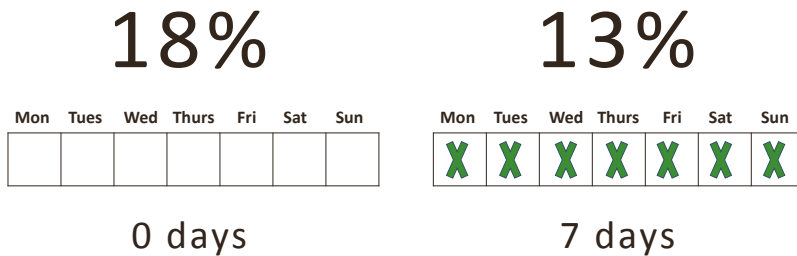
63%



Barriers to Eating Healthy

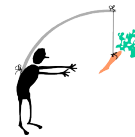


In the last seven days, how many days exercised?



Barriers to Exercising

1. Not motivated to exercise (52%)



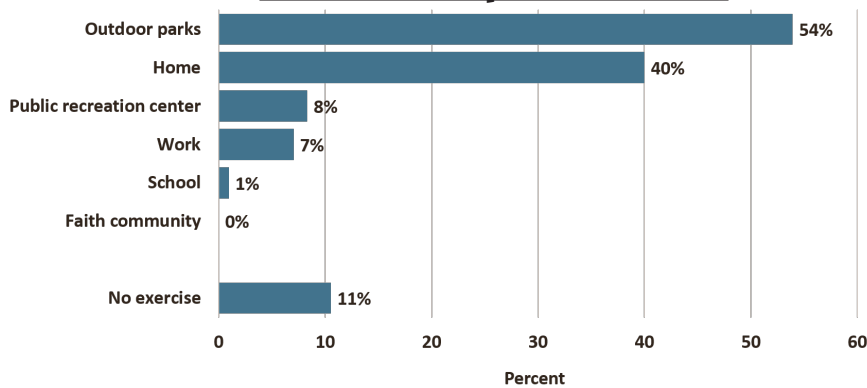
2. Physical challenges (19%)



3. No time to exercise (18%)



Where People Exercise

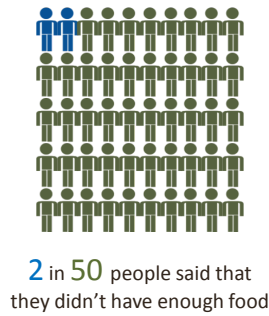


Neighborhood Walkability



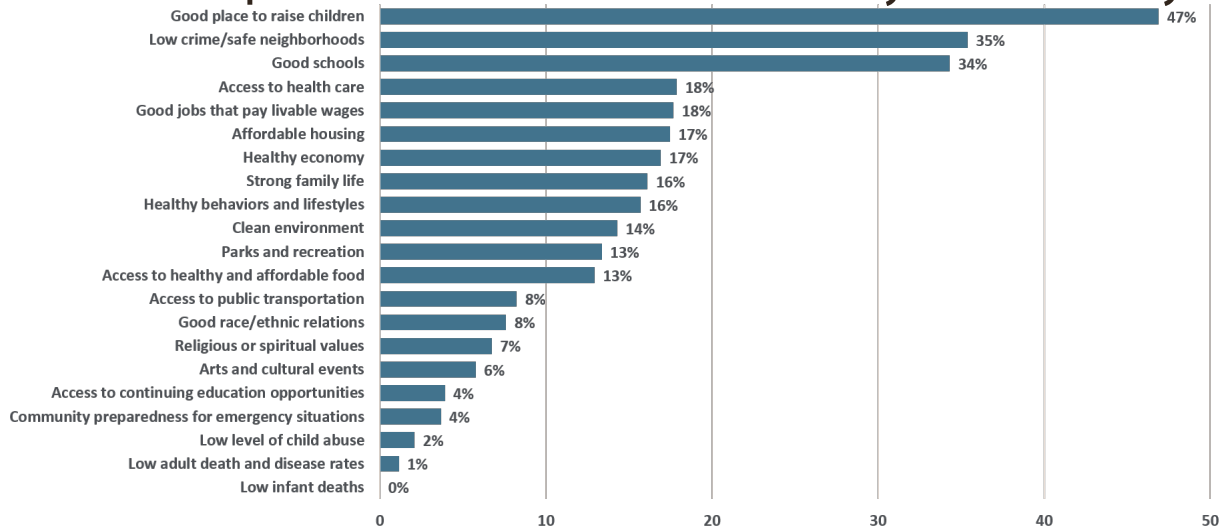
Social Economic Factors

Food Security

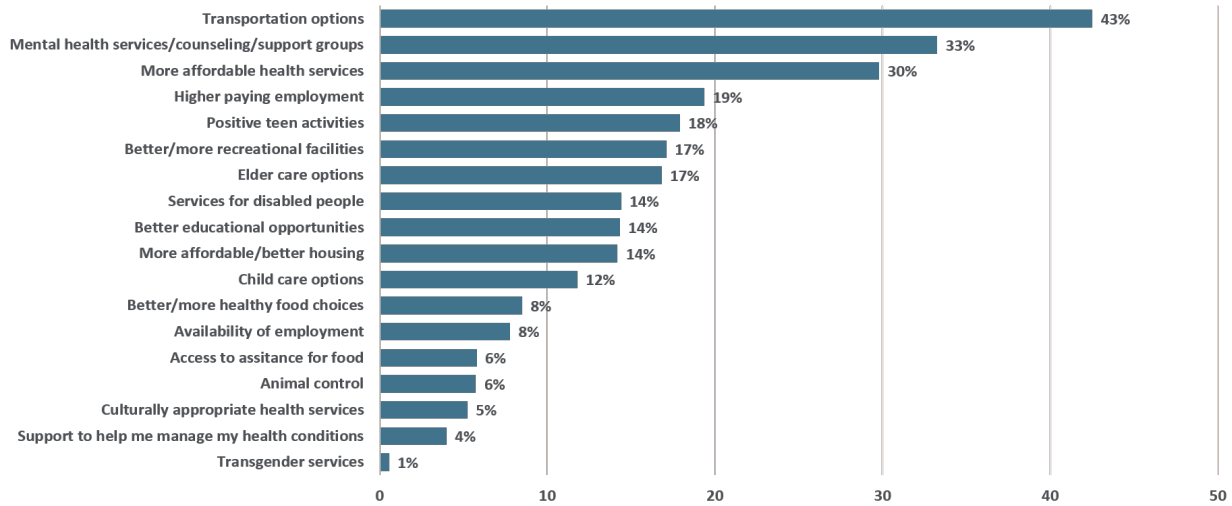


What People Think

Most important factors for a "Healthy Community"



What services need the most improvement?





Shawnee Mission
Health

Much more than medicine.