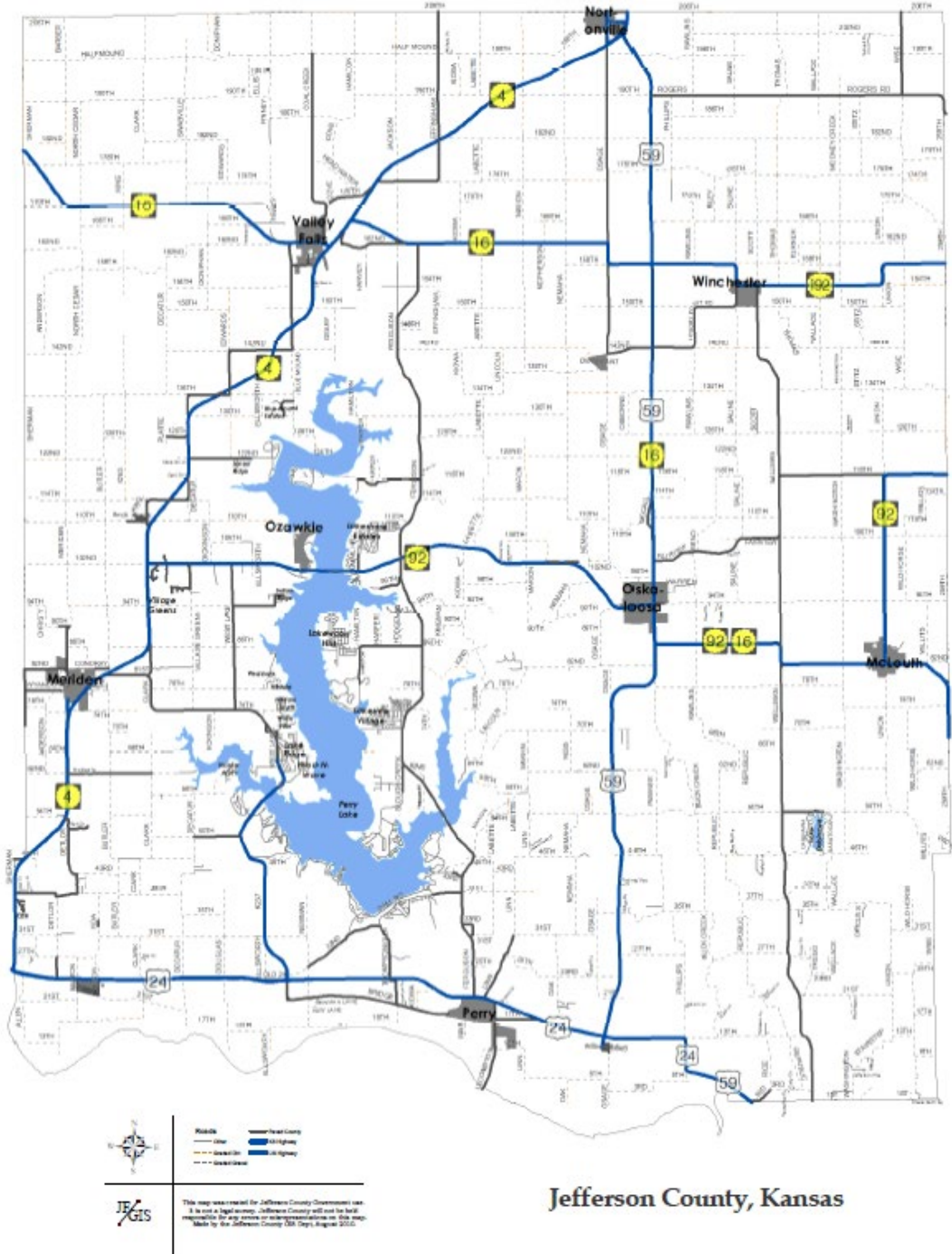


# 2016 Community Health Needs Assessment and Improvement Plan

*This is a public document available at no charge upon request and is also located  
at [www.fwhuston.com](http://www.fwhuston.com).*



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## Community Health Needs Assessment

### Partnership and Participation

The 2016 Community Health Needs Assessment (CHNA) was performed in collaboration between F.W. Huston Medical Center (FWH) and the Jefferson County Health Department (JCHD). Members of the team included three individuals present in the 2013 CHNA. The Jefferson County public health officer with expertise in local, regional, and state public health matters in addition to the needs of the local medically underserved population was greatly involved in the CHNA. JCHD provides the only sliding-scale clinic for the uninsured in Jefferson County through the Jerry White Family Care Clinic (JWFCC). The partnership between FWH and JCHD for the CHNA provided excellent opportunity for knowledge and resource sharing.

### The Community

The entire of area of Jefferson County, Kansas, was included in the community defined within the CHNA. This decision was made as FWH includes the only hospital within the county and the JCHD serves all county citizens. The five counties (Atchison, Leavenworth, Douglas, Shawnee, and Jackson) surrounding Jefferson County house at least one non-profit hospital each conducting their own CHNAs; the overwhelming majority of patients served by FWH are Jefferson County residents.

Jefferson County is located in northeast Kansas containing approximately 530 square miles and around 19,000 residents. At the time of the survey, the United States Postal Service reported 5981 registered households. Seven public school systems are located within the county in addition to an alternative learning academy. Per census estimates from 2014/2015, 23.5% of county residents are minors and 17.2% are senior citizens. Additionally, 96% of the population are Caucasian and 49.4% are female.

### Process and Methodology

Previous education provided to the 2013 CHNA team specified that health includes more than medical conditions and disease prevention. As such, the survey included non-medical concerns such as economic growth. The previous surveys were reviewed (including paper survey 2008 by JCHD and the 2013 town hall meetings). As participation in the 2013 survey via town hall meetings was very limited (N=58) and 2008 paper-only survey yielded 192 responses, the committee opted to utilize a brief survey of county citizens via a paper and online format. Paper surveys were available at multiple areas throughout the county (grocery stores, gas stations, banks, diners, health department, and FWH) with survey boxes to place completed surveys or the option of mailing the completed survey to the health department or FWH. A survey link was provided through [surveymonkey.com](http://surveymonkey.com). The survey was made available to the public from mid-August 2016 – late November 2016.

The survey including 27 questions that included basic demographic information for the committee to best analyze the data and needs in addition to recognizing participation and representation of minority and marginalized groups. Age brackets, race, ethnicity, and income were consistent with census categories. Respondents were also asked their home zip code to determine participation throughout the county. The non-demographic questions were based upon research regarding the top health concerns in Jefferson County

based upon information from Kansas Health Matters, Top County Health Rankings, and Healthy People 2020 performance dashboards.

## External (Non-Survey) Relevant Data

### County Health Rankings & Roadmaps

Building a Culture of Health, County by County

#### Jefferson (JF)

	Jefferson County	Error Margin	Top U.S. Performers <sup>^</sup>	Kansas	Rank (of 101)
<b>Health Outcomes</b>					26
Length of Life					66
Premature death	8,100	6,500-9,800	5,200	6,800	
<b>Quality of Life</b>					3
Poor or fair health **	11%	11-12%	12%	15%	
Poor physical health days **	2.8	2.6-2.9	2.9	3.2	
Poor mental health days **	2.7	2.6-2.9	2.8	3.0	
Low birthweight	6%	4-7%	6%	7%	
<b>Health Factors</b>					19
<b>Health Behaviors</b>					18
Adult smoking **	16%	15-16%	14%	18%	
Adult obesity	31%	28-36%	25%	30%	
Food environment index	8.0		8.3	7.2	
Physical inactivity	23%	20-27%	20%	25%	
Access to exercise opportunities	23%		91%	76%	
Excessive drinking **	18%	17-19%	12%	17%	
Alcohol-impaired driving deaths	31%	21-41%	14%	33%	
Sexually transmitted infections	179.5		134.1	381.6	
Teen births	23	18-27	19	38	
<b>Clinical Care</b>					19
Uninsured	12%	11-14%	11%	14%	
Primary care physicians	2,090:1		1,040:1	1,330:1	
Dentists	6,290:1		1,340:1	1,840:1	
Mental health providers	3,140:1		370:1	550:1	
Preventable hospital stays	49	40-58	38	55	
Diabetic monitoring	93%	82-100%	90%	86%	
Mammography screening	61%	51-71%	71%	63%	
<b>Social &amp; Economic Factors</b>					41
High school graduation	93%		93%	85%	
Some college	63%	55-70%	72%	69%	
Unemployment	4.9%		3.5%	4.5%	
Children in poverty	13%	10-17%	13%	18%	
Income inequality	3.7	3.3-4.2	3.7	4.4	
Children in single-parent households	18%	13-22%	21%	29%	
Social associations	13.8		22.1	13.9	
Violent crime	200		59	360	
Injury deaths	72	56-91	51	67	
<b>Physical Environment</b>					70
Air pollution - particulate matter	8.2		9.5	10.9	
Drinking water violations	Yes		No		
Severe housing problems	10%	7-12%	9%	13%	
Driving alone to work	82%	80-85%	71%	82%	
Long commute - driving alone	43%	38-49%	15%	20%	

Areas to Explore    Areas of Strength

<sup>^</sup> 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

\*\* Data should not be compared with prior years due to changes in definition/methods

2016

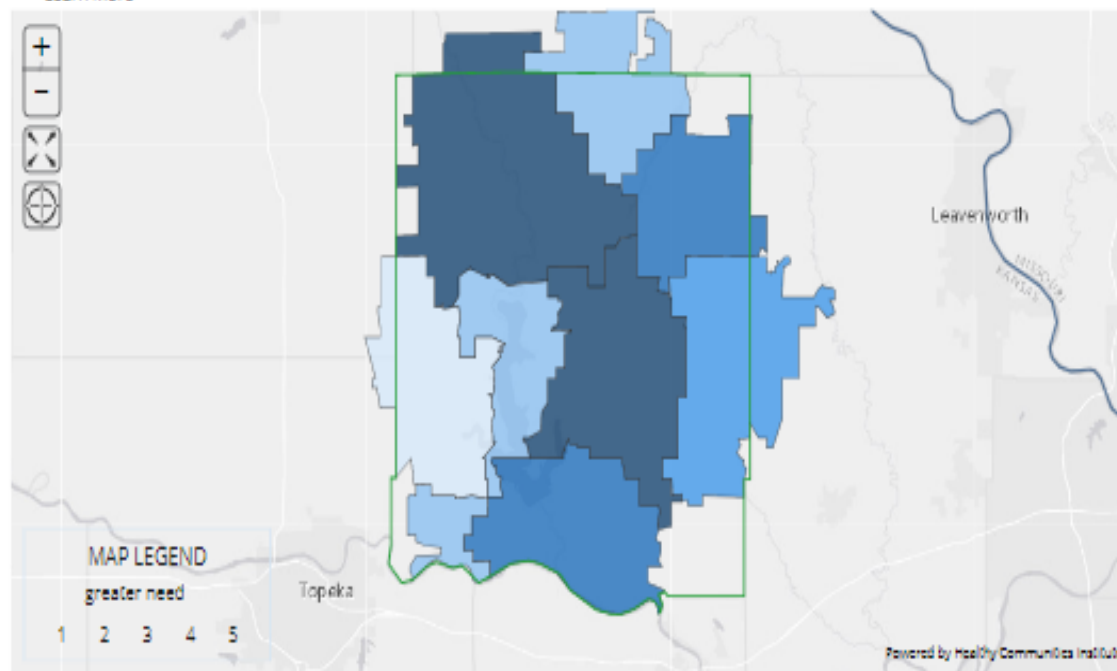
## T SocioNeeds Index

The 2016 SocioNeeds Index, created by Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.



[Learn More](#)





































County:  Index Data:

[CSV](#)

Rank				
66066	40.4	5		Jefferson
66088	36.9	5		Jefferson
66097	33.0	4		Jefferson
66073	32.1	4		Jefferson
66054	25.8	3		Jefferson
66429	23.2	2		Jefferson
66060	23.1	2		Jefferson
66070	22.7	2		Jefferson
66512	14.8	1		Jefferson

The SocioNeeds Index is calculated by Healthy Communities Institute using data from the Nielsen Company, 2016.


## Kansas Health Matters (with areas of concern included)

Ratio of Population to Primary Care Physicians <a href="#">MAP</a>	Comparison: KS State Value	
Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day <a href="#">MAP</a>	Comparison: KS State Value	
Heart Disease Hospital Admission Rate <a href="#">MAP</a>	Comparison: KS State Value	
Hyperlipidemia: Medicare Population <a href="#">MAP</a>	Comparison: KS State Value	
Percent of Adults with Diagnosed Hypertension <a href="#">MAP</a>	Comparison: KS State Value	
Stroke: Medicare Population <a href="#">MAP</a>	Comparison: KS State Value	
Percent of Adults Ages 65 Years and Older Who Were Immunized Against Influenza During the Past 12 Mo <a href="#">MAP</a>	Comparison: KS State Value	
Infant Mortality Rate <a href="#">MAP</a>	Comparison: KS State Value	
Percent of births Where Mother Smoked During Pregnancy <a href="#">MAP</a>	Comparison: KS State Value	
Age-adjusted Alzheimer's Disease Mortality Rate per 100,000 population <a href="#">MAP</a>	Comparison: KS State Value	
Age-adjusted Cancer Mortality Rate per 100,000 population <a href="#">MAP</a>	Comparison: KS State Value	
Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 population <a href="#">MAP</a>	Comparison: KS State Value	
Age-adjusted Heart Disease Mortality Rate per 100,000 population <a href="#">MAP</a>	Comparison: KS State Value	
Age-adjusted Traffic Injury Mortality Rate per 100,000 population <a href="#">MAP</a>	Comparison: KS State Value	
Age-adjusted Unintentional Injuries Mortality Rate per 100,000 population <a href="#">MAP</a>	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Cancer <a href="#">MAP</a>	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Cerebrovascular Disease <a href="#">MAP</a>	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Nephritis, Nephrotic Syndrome Nephrosis <a href="#">MAP</a>	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Suicide <a href="#">MAP</a>	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Traffic Injury <a href="#">MAP</a>	Comparison: KS State Value	
Age-Adjusted Years of Potential Life Lost - Unintentional Injuries <a href="#">MAP</a>	Comparison: KS State Value	
Ratio of Population to Dentist <a href="#">MAP</a>	Comparison: KS State Value	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population <a href="#">MAP</a>	Comparison: KS State Value	
COPD: Medicare Population <a href="#">MAP</a>	Comparison: KS State Value	
Percent of Adults Who are Binge Drinkers <a href="#">MAP</a>	Comparison: KS State Value	
Life Expectancy for Females <a href="#">MAP</a>	Comparison: KS State Value	
Unemployed Workers in Civilian Labor Force <a href="#">NEW</a> <a href="#">MAP</a>	Comparison: KS State Value	
Per Capita Income <a href="#">MAP</a>	Comparison: KS State Value	
Low-Income Persons who are SNAP Participants <a href="#">MAP</a>	Comparison: U.S. Counties	
People 25+ with a Bachelor's Degree or Higher <a href="#">MAP</a>	Comparison: KS State Value	
Grocery Store Density <a href="#">MAP</a>	Comparison: U.S. Counties	
Households with No Car and Low Access to a Grocery Store <a href="#">MAP</a>	Comparison: U.S. Counties	
Recreation and Fitness Facilities <a href="#">MAP</a>	Comparison: U.S. Value	
SNAP Certified Stores <a href="#">MAP</a>	Comparison: U.S. Counties	
Voter Turnout <a href="#">MAP</a>	Comparison: KS State Value	
People 65+ Living Alone <a href="#">MAP</a>	Comparison: KS State Value	

Mean Travel Time to Work 


Comparison: KS State Value



Solo Drivers with a Long Commute 


Comparison: KS State Value



Workers Commuting by Public Transportation 


Comparison: KS State Value



Workers who Drive Alone to Work 

Comparison: KS State Value



Workers who Walk to Work 

Comparison: KS State Value



## Survey Results

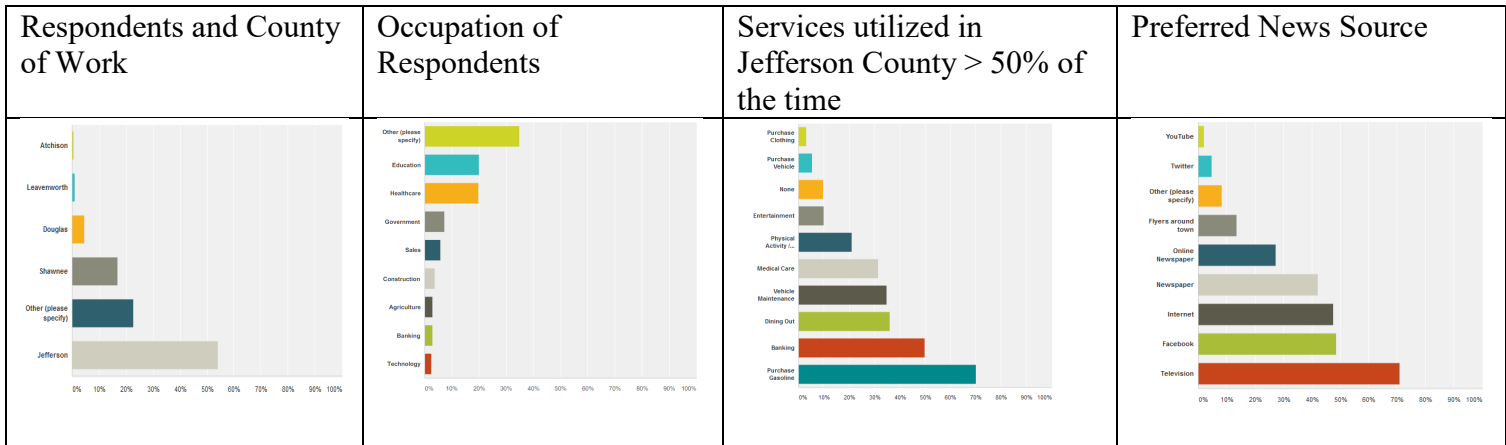
### Demographics of Respondents

A total of 566 respondents participated in the survey, 350 via the online format and 216 via the paper form. The largest geographical representation included Winchester (30%) with the least representation in McLouth (3.6%). Elders (age 65 years +) composed 24.03% of the survey respondents as the most-represented group of respondents by age. Women outnumbered men in responding to the survey 4:1. Non-Hispanic Caucasians were most represented in the survey at 98.57% of respondents being Non-Hispanic and 97.35% of respondents being Caucasian.

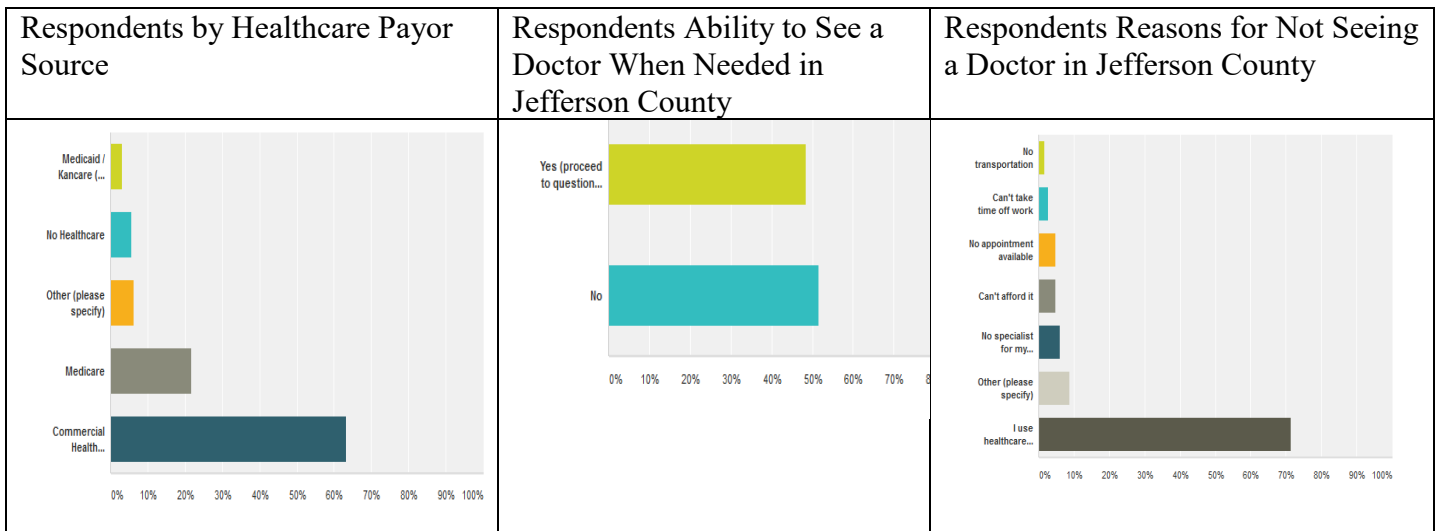
### *Demographics Overview of Survey Respondents*

Respondents by Geographical Area	Respondents by Age Group (in years)	Gender	Ethnicity	Race	Take-Home Income
66512 (Meriden): 1239 households : 145 survey participants : 11.7% involvement	<18: 0.53%	Male: 20.92%	Hispanic/Latino: 1.43%	White: 97.35%	<25K: 26.64%
66070 (Ozawkie): 1033 households : 113 survey participants : 10.9% involvement	18-24: 2.47%	Female: 78.37%	Not Hispanic/Latino: 98.57%	Asian: 0%	25K-49,999: 30.55%
66088 (Valley Falls): 658 households : 73 survey participants : 11.1% involvement	25-34: 12.19%	Trans: 0%		Black or African American: 0.53%	50K-74,999: 23.45%
66066 (Oskaloosa): 934 households : 67 survey participants : 7.1% involvement	35-44: 21.38%	Other: 0.71% (stated NA)		Native Hawaiian or other Pacific Islander: 0.35%	>75K: 19.36%
66073 (Perry): 712 households : 57 survey participants : 8% involvement	45-54: 22.61%			American Indian or Alaskan Native: 3%	
66097 (Winchester): 153 households : 46 survey participants : 30% involvement	55-64: 16.78%			Prefer not to answer: 1.06%	
66054 (McLouth): 919 households : 33 survey participants : 3.6% involvement	65+: 24.03%			Other: 0.88% (NA, American, White and Black, Native and Native American)	
66060 (Nortonville): 333 households : 28 survey participants : 8.4% involvement					

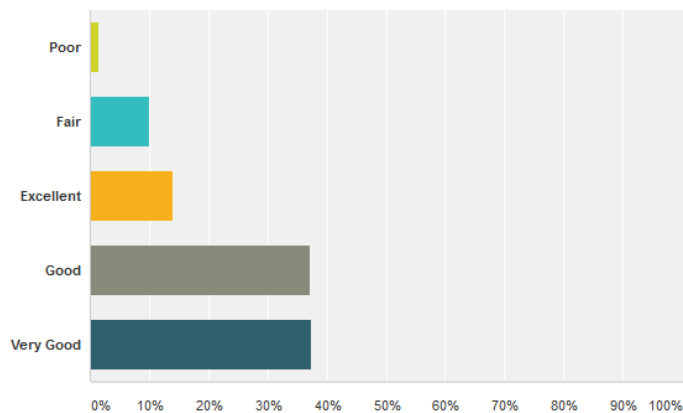
*Work, Utilization of Services, and Preferred News Source in Jefferson County*



*Respondents Access to Healthcare in Jefferson County, Kansas*

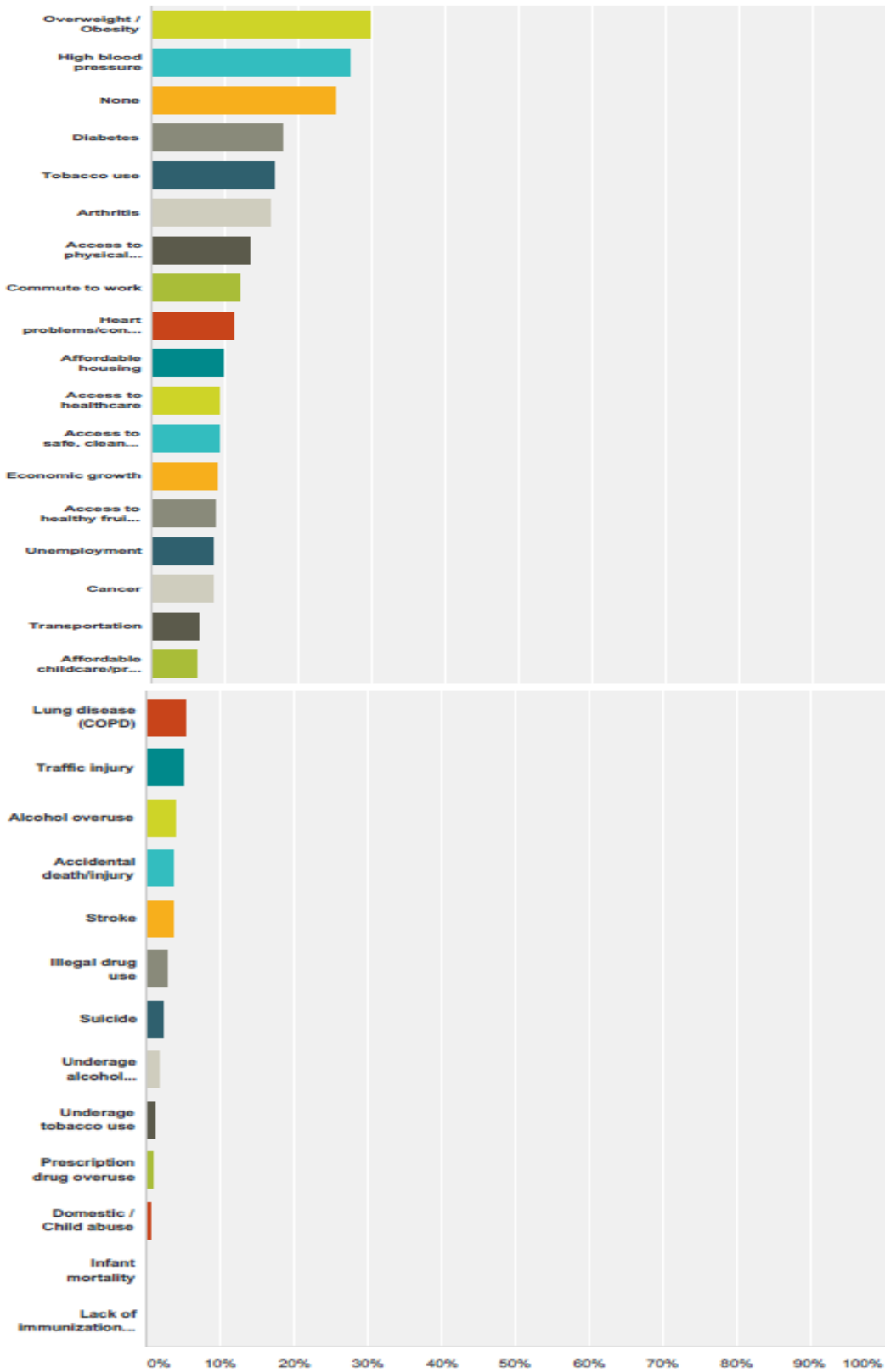


*Respondents Self-Description of Overall Health*

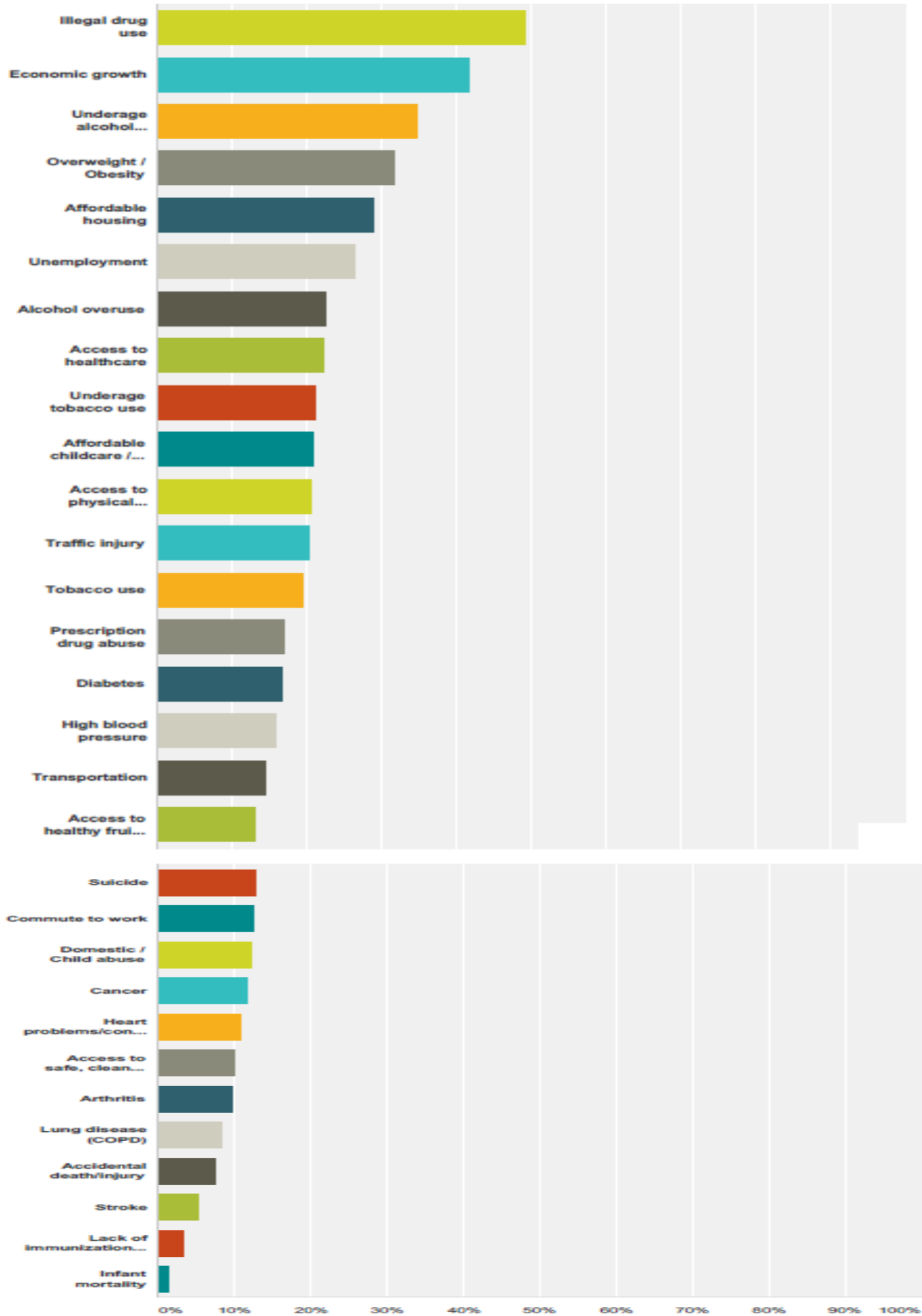




*Challenges that Apply to the Respondent and His/Her Household*



*Topics of Concern That [the Respondent feels] Need to be Addressed for Jefferson County*



*Respondents Identified Additional Health Services Needed to Meet the Health Challenges of His/Her Community [Free Text]*

Major Themes for Health-Related Needs	Additional Health-Care Services	Life and Behavioral Skills	Miscellaneous
Dental Care	Eye Care	Education: proper nutrition, disease prevention, no texting/cell with driving, parenting skills including positive parenting strategies and love and logic, money management	Transportation
Mental Health Care	Physical Therapy		Affordable insurance
Fitness Center/ Exercise Classes – Events	Reliable Health Care Centers		Affordable care if uninsured
Local Physicians (including extended hours and accepting new pts)	After-Hours Pharmacy		Pride in fixing up homes
	Women’s Clinic		High quality legal and law enforcement center
	Skin Doctor	PSAs on alcohol/drug abuse consequences	Cheaper Groceries
	Alternative Sites for BP and other screenings		Keeping schools and libraries open
	High quality nursing homes		Place to for kids to play and exercise when weather is bad
	Indoor pool		Internet/Wi-Fi services
			Sewage maintenance

Data Analysis, Limitations, Resources, and Prioritization

The data analysis found parallels between the research and citizens’ perceptions. Specific areas of concern to both the respondents and within the external data include **overweight/obesity, hypertension, diabetes, tobaccoism, and arthritis**. Strong themes identified within the survey included a need for **dental care, mental health care, fitness centers and exercise events or classes, and local, high quality physicians accepting new patients and with extended hours**. The Top Three Concerns for Jefferson County according to survey respondents include the need for an **increase in employment opportunities, a recreation center, and affordable housing**. Additional major concerns include **illegal drug use, overweight/obesity, economic growth, and underage alcohol use**.

Concerns reflected in the external data also included excessive alcohol consumption and long commutes driving alone. Cancer-related mortality for men in Jefferson County includes (in order) lung, colorectal, and prostate; cancer-related mortality for women in Jefferson County includes (in order) lung, breast, and colorectal. No input on the 2013 CHNA was received by FWH or the JCHD. Concerning trends from external data for Jefferson County include:

- Increasing rate of suicide, diabetes, STI, years of life lost due to kidney disease, students eligible for free lunch program, children, families, and people living below poverty level
- In the Medicare population: high cholesterol, depression, chronic kidney disease, arthritis, asthma, opioid/benzodiazepine prescriptions
- Increased infant, cardiovascular disease, and diabetes mortality rates

Though more than four times as many individuals participated in the 2016 CHNA in comparison to the 2013 CHNA, the sample size was still very small and a major limitation of the survey. Certain areas were grossly underrepresented (such as McLouth) in addition to a lack of minority representation in the respondents. Additionally, we had no capacity to be certain respondents did not participate more than once and we recognize some at-risk populations were not able to participate (e.g. individuals with dementia).

Areas in which FWH is not equipped to assist include: dental services, county-wide public transportation, comprehensive community center, reduced-cost groceries, improved internet and sewage services, pediatric mental health, clean water, and keeping schools and libraries open. Resources to help meet the needs within the county by other organizations include: JCHD JWFCC, The Jefferson County Alliance of Service Organizations (Alliance), The Guidance Center, The Jefferson County Service Organization, and other organizations as listed within the Resource Guide from the Alliance.

Priorities for FWH based upon the CHNA, with both internal and external data, include:

- Access to high quality healthcare services
- Mental healthcare (specific to seniors)
- Nutritional services
- Affordable housing
- Mitigation of prescription drug abuse/ opioid overuse
- Increase economic opportunities within Jefferson County
- Care of individuals with, or at risk for, chronic disease

## FWH Improvement Plan

<b>Focus Area</b>	<b>FWH Actions</b>	<b>Expected Impact</b>	<b>Timeline</b>	<b>Evaluation</b>
<b>High Quality Healthcare Services</b>	<ul style="list-style-type: none"> <li>*After-Hours Clinic</li> <li>*Addition of APRN for Primary Care with extended hours</li> <li>*Complimentary BP checks to the community</li> </ul>	<ul style="list-style-type: none"> <li>*Increased access to care at all times locally: 24/7/365 at clinic expense vs. emergency</li> <li>*Additional patient volume capacity</li> <li>*Access to free BP monitoring</li> </ul>	<ul style="list-style-type: none"> <li>*On-going program</li> <li>*FNP student hired in 2016 in leadership role and will transition to practice upon graduation/licensure (anticipated graduation 2017)</li> <li>*On-going program</li> </ul>	<ul style="list-style-type: none"> <li>*Volume of visits</li> <li>*Volume of visits and new patients</li> <li>*Volume</li> </ul>
<b>Nutritional Services/ Obesity-Overweight</b>	<ul style="list-style-type: none"> <li>*Initiate CHAMPSS Program</li> <li>*Meals on Wheels</li> <li>*Free vitamin program for children</li> </ul>	<ul style="list-style-type: none"> <li>*Breakfast/Lunch/ Dinner flexibility for Seniors</li> <li>*Home delivery of meals to those who are homebound or have limited transportation</li> <li>*Improved nutrition for children at-risk</li> </ul>	<ul style="list-style-type: none"> <li>*Will start</li> <li>*On-going program</li> <li>*Will start program 1/2018</li> </ul>	<ul style="list-style-type: none"> <li>*CHAMPSS Enrollment</li> <li>*Program Enrollment</li> <li>*Program Utilization</li> </ul>
<b>Affordable Housing</b>	<ul style="list-style-type: none"> <li>*Low-Income Housing</li> <li>*Independent Living</li> </ul>	<ul style="list-style-type: none"> <li>*Low-income housing available for</li> <li>*Access to independent living otherwise not found in the county</li> </ul>	<ul style="list-style-type: none"> <li>*On-going program</li> <li>*Will open in 2018</li> </ul>	<ul style="list-style-type: none"> <li>*Vacancy rate</li> <li>*Vacancy rate</li> </ul>
<b>Mental Healthcare</b>	<ul style="list-style-type: none"> <li>*Envision Senior Services</li> </ul>	<ul style="list-style-type: none"> <li>*Provide senior mental health services to community members that includes psychotherapy and medication management with transportation provided.</li> </ul>	<ul style="list-style-type: none"> <li>*On-going program</li> </ul>	<ul style="list-style-type: none"> <li>*Volume</li> </ul>
<b>Prescription Drug Abuse</b>	<ul style="list-style-type: none"> <li>*K-Tracs Utilization and conservative prescribed of controlled substances</li> <li>*Chronic Pain Management in PC</li> <li>*Opioid collaborative (HINK)</li> </ul>	<ul style="list-style-type: none"> <li>*Providers encouraged to use and actively use K-Tracs Program</li> <li>*Chronic pain management patients in the PC clinic use pain contracts with the physician, are referred and managed by multi-specialty, random urine drug screens performed (collected on campus, both medical and chain of custody)</li> <li>*Universal standards for area hospitals regarding prescribing of opioids</li> </ul>	<ul style="list-style-type: none"> <li>*On-going program</li> <li>*On-going program, one FT physician will attend specialized training on pain management for primary care in November 2017</li> <li>*Program to begin 2018</li> </ul>	<ul style="list-style-type: none"> <li>*Chart auditing by Chief of Staff</li> <li>*attendance of program, chart audits</li> </ul>
<b>Economic Growth/ Jobs</b>	<ul style="list-style-type: none"> <li>*Campus growth</li> </ul>	<ul style="list-style-type: none"> <li>*Additional jobs</li> </ul>	<ul style="list-style-type: none"> <li>*On-going program</li> </ul>	<ul style="list-style-type: none"> <li>*Employee volume</li> </ul>
<b>Care of Persons with, or at risk, of Chronic Disease</b>	<ul style="list-style-type: none"> <li>*Employ 2 FT physicians</li> <li>*Multi-disciplinary care on-campus</li> </ul>	<ul style="list-style-type: none"> <li>*Increased access to care</li> <li>*Increased access to radiological, laboratory, and therapy services on-site</li> </ul>	<ul style="list-style-type: none"> <li>*On-going program</li> <li>*Addition of CT with contrast, MRI services, evaluation and addition of in-house laboratory studies</li> </ul>	<ul style="list-style-type: none"> <li>*Patient volume</li> <li>*Service lines and utilization</li> </ul>

## References

<http://www.census.gov/quickfacts/table/PST045215/20087>

<http://www.countyhealthrankings.org/app/kansas/2016/rankings/jefferson/county/outcomes/overall/snapshot>

<http://www.kansashealthmatters.org/index.php?module=indicators&controller=index&action=dashboard&id=83016910809925962&card=0&localeId=983>

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