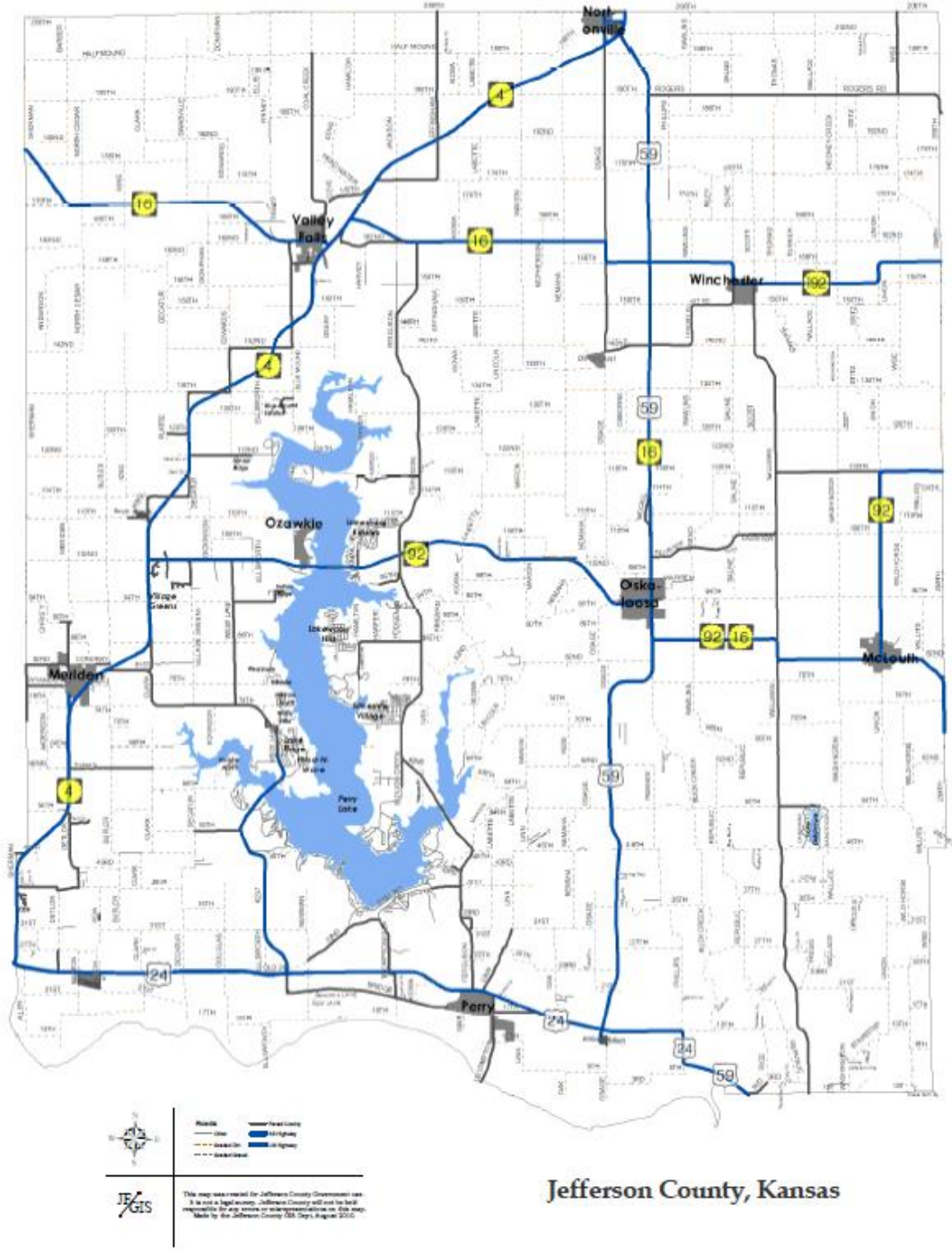


2022 Community Health Needs Assessment

This is a public document available at no charge upon request and is also located at
www.fwhuston.com.



Community Health Needs Assessment

Partnership and Participation

The 2022 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 who participated in the 2019 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 an excellent opportunity for knowledge and resource sharing.

The Community

The entire area of Jefferson County, Kansas, was included in the community defined within the CHNA. This decision was made as FWH is 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 a CHNA; the overwhelming majority of patients served by FWH and JCHD are Jefferson County residents.

Jefferson County is in northeast Kansas containing approximately 530 square miles and around 19,000 residents. Six public school systems are located within the county in addition to an alternative learning academy. Per census estimates from 2021, just under 23% of county residents are minors and 19% are senior citizens. Additionally, 95.9% of the population is Caucasian and 49.1% are female.

Process and Methodology

The 2022 CHNA community health needs assessment survey was performed online via SurveyMonkey with printed paper surveys available for those respondents unable to complete the online format. The survey was available from August 2022 – mid-November 2022, with 86 respondents. After reviewing the number of online respondents, the results show that the online survey yields more results. A survey link and QR Code were provided through [surveymonkey.com](https://www.surveymonkey.com) and included on social media blasts in addition to being available on the survey drop boxes for ease of use for those more inclined to complete an online vs. paper survey. Covid burnout and pandemic fatigue could help explain the low number of respondents as individuals are not motivated to participate in health-related surveys.

The survey included 33 questions (in addition to space for comments) 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 potentially marginalized groups. Age brackets, race, ethnicity, and income were consistent with census categories. Gender identity was also included. Respondents were asked for their home zip code to determine participation throughout the county in addition to being able to stratify the data and improvement efforts to specific areas in the county as needed. The non-demographic questions were based upon research regarding the top health concerns in Jefferson County from information such as Kansas Health Matters, Top County Health Rankings, Healthy People 2020 performance dashboards, and the concerns noted by respondents in the 2019 CHNA Survey. For the 2019 CHNA Survey, we requested respondents to report concerns specific to their households rather than their perceived concerns for the community at large. The 2022 CHNA Survey approached concerns from a personal and community-wide level, requesting anyone who could participate to do so on his/her behalf and the community at large.

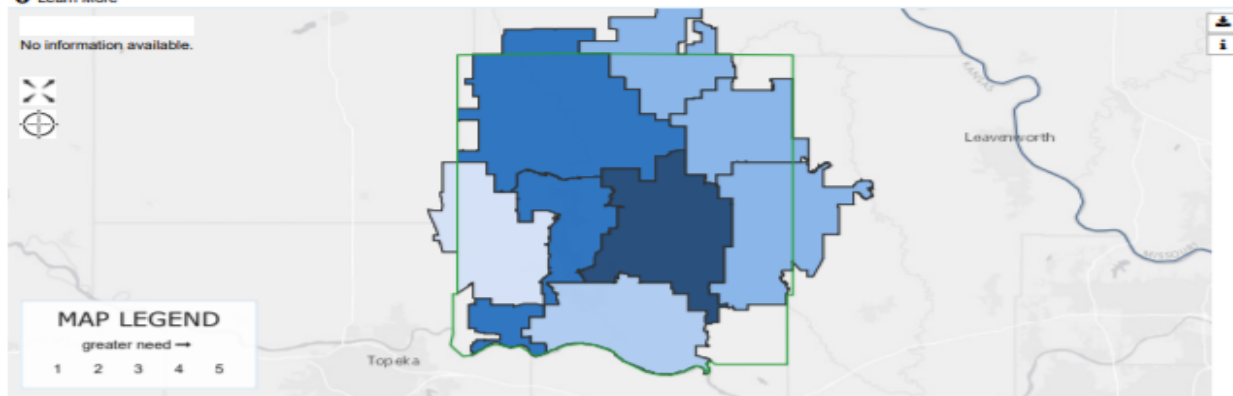
SocioNeeds Index

The **2019 SocioNeeds Index**, created by Conduent 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](#)

Zip Code	Index	Rank	County
66066	58.2	5	Jefferson
66070	42.3	4	Jefferson
66088	42.1	4	Jefferson
66429	41.6	4	Jefferson
66097	41.3	3	Jefferson
66060	41.0	3	Jefferson
66054	40.4	3	Jefferson
66073	35.9	2	Jefferson
66512	31.0	1	Jefferson

The SocioNeeds Index is calculated by Conduent Healthy Communities Institute using data from Claritas, 2019.

Stats of the State of Kansas (CDC)

Data based on the most current information available

KS Leading Causes of Death, 2017	Deaths	Rate***	State Rank*	U.S. Rate**
1. Heart Disease	5,723	157.9	25th	165.0
2. Cancer	5,494	157.2	20th	152.5
3. Chronic Lower Respiratory Disease	1,832	51.7	12th	40.9
4. Accidents	1,567	49.4	33rd	49.4
5. Stroke	1,355	37.7	23rd	37.6
6. Alzheimer's disease	894	24.3	39th	31.0
7. Diabetes	874	25.2	8th (tie)	21.5
8. Suicide	553	19.1	13th (tie)	14.0
9. Flu/Pneumonia	546	15.0	20th	14.3
10. Kidney Disease	541	15.0	18th (tie)	13.0

Kansas Mortality Data	Deaths	Rate**	U.S. Deaths	U.S. Rate***
Firearm Deaths	466	16.0	39,773	12.0
Homicide	185	6.5	19,511	6.2
Drug Overdose Deaths	333	11.8	70,237	21.7

Other Kansas Data	State	U.S.
Infant Mortality Rate (Deaths per 1,000 live births)	6.1	5.8
Marriage Rate †	6.0	6.9
Divorce Rate †	2.4	2.9†

* Rankings are from highest to lowest.

** Rates for the U.S. include the District of Columbia and (for births) U.S. territories. Refer to notes in publication tables for more detail.

*** Death rates are age-adjusted. Refer to source notes below for more detail.

**** State estimate is unavailable.

† Excludes data for California, Hawaii, Indiana, Minnesota, and New Mexico.

†† Estimates are presented for fewer than 50 states and the District of Columbia due to considerations of sample size and precision.

n/a – Data not available.

<https://www.cdc.gov/nchs/pressroom/states/kansas/kansas.htm>

Survey Results

A total of 86 respondents participated in the survey, 76 via the online format and 10 via the paper form.

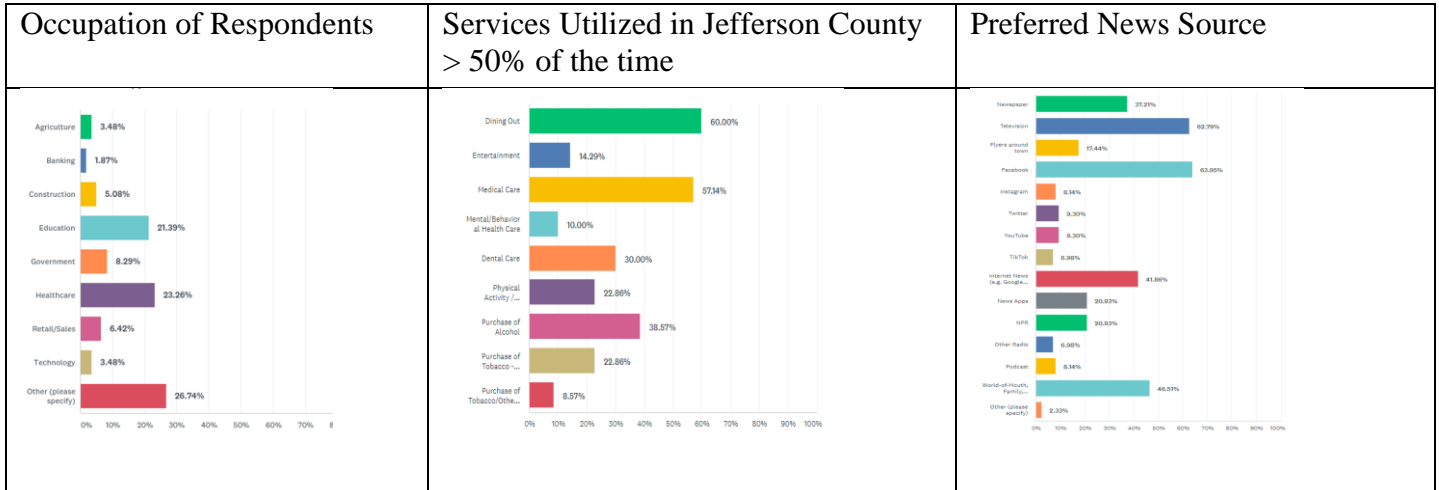
Demographics Overview of Survey Respondents

Respondents by Geographical Area		Respondents by Age Group in Years (% of total respondents)	Gender (% of total respondents)	Ethnicity (% of total respondents)	Race 1 or more (% of total respondents)	Employment Status (% of total respondents)
Zip/Town	# of Respond/ # of total	<18: 0 (0%) 18-24: 2 (2.35%) 25-34: 14 (16.47%) 35-44: 11 (12.94%) 45-54: 16 (18.82%) 55-64: 23 (27.06%) 65+: 19 (22.35%)	Male: 11 (12.94%) Female: 71 (83.53%) Trans: 2 (2.35%) Non-Binary: 1 (1.18%)	Hispanic/Latino: 3 (3.49%) Not Hispanic/Latino: 83 (96.51%)	White: 84 (98.82%) Asian: 2 (2.35%) Black or African American: 3 (3.53%) Native Hawaiian or other Pacific Islander: 1 (1.18%) American Indian or Alaskan Native: 3 (3.53%) Prefer not to answer: 0 (0%) Other: 0 (0%)	Employed: 55 (63.95%) Retired: 23 (26.74%) Disabled: 4 (4.65%) Other: 0 (0%)
66054 McLouth	<u>9</u> 858					
66060 Nortonville	<u>11</u> 599					
66066 Oskaloosa	<u>22</u> 1086					
66070 Ozawkie	<u>9</u> 1681					
66073 Perry	<u>3</u> 836					
66088 Valley Falls	<u>6</u> 1086					
66097 Winchester	<u>10</u> 450					
66429 Grantville	<u>0</u> 206					
66512 Meriden	<u>16</u> 740					

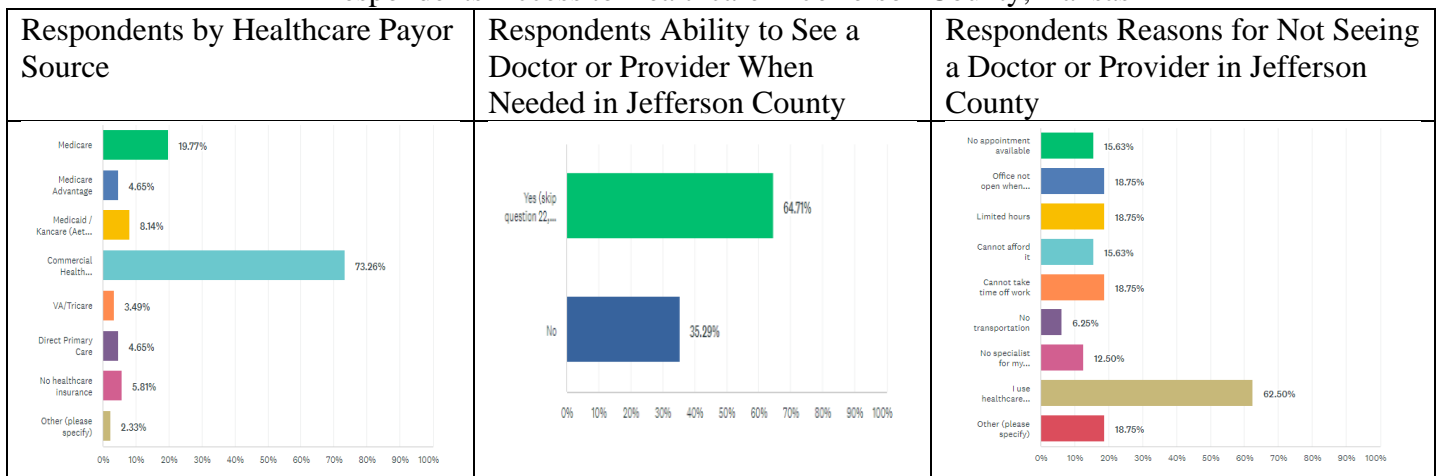
Demographics of Respondents' Households

# of People in Household (% of total respondents)		# of Dependents in Household (% of total respondents)		Take-Home Income (% of total respondents)		Receiving Disability Benefits in Household (% of total respondents)	
1 person	14 (16.47%)	1	22 (26.51%)	<25K:	9 (10.71%)	Yes	11 (12.79%)
2 people	32 (37.65%)	2	11 (13.25%)	25K-49,999:	23 (27.38%)	No	75 (87.21%)
3 people	17 (20.00%)	3	6 (7.23%)	50K-74,999:	17 (20.24%)		
4 people	8 (9.41%)	4	3 (3.61%)	>75K:	35 (41.67%)		
5+ people	14 (16.47%)	5+	1 (1.20%)				
		None	40 (48.19%)				

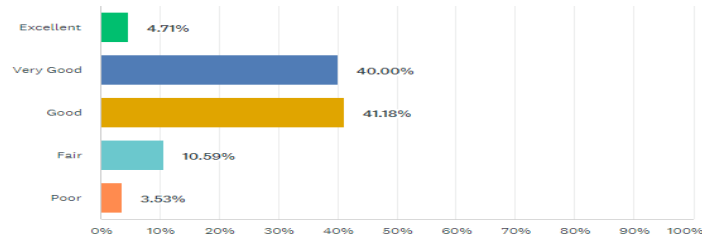
Work, Utilization of Services, and Preferred News Source in Jefferson County



Respondents Access to Healthcare in Jefferson County, Kansas



Respondents Self-Description of Overall Health



ANSWER CHOICES	RESPONSES	
Excellent	4.71%	4
Very Good	40.00%	34
Good	41.18%	35
Fair	10.59%	9
Poor	3.53%	3
TOTAL		85

Q26: Top Concerns for Young Children (Birth-to-5 years):

Concern	Number of Respondents (71)	% of Respondents
Access to Affordable Childcare	44	61.97 %
Inadequate Amount of Healthy Food Available	28	39.44%
Overweight/Obesity	25	35.21%
Lack of Access to Preschool Programs	25	35.21%

Q27: Top Concerns for School Aged Children/Adolescents (6 years – 18 years):

Concern	Number of Respondents (76)	% of Respondents
Bullying	50	65.79%
Lack of safe activities within the community for kids/teens outside of school	43	56.58%
Affordability of Healthy Food	42	55.26%
Suicide	35	46.05%

Q28: Top Concerns for Young to Middle Adulthood (19 years – 64 years):

Concern	Number of Respondents (73)	% of Respondents
Depression	57	78.08%
Anxiety	55	75.34%
Affordability of Healthy Foods	43	58.90%
Lack of Employment Opportunities	42	57.53%

Q29: Top Concerns for Older Adulthood (65+ years):

Concern	Number of Respondents (77)	% of Respondents
Social Isolation	58	75.32%
Lack of Transportation	53	68.83%
Affordability of Healthy Foods	53	68.83%
Depression	48	62.34%

Data Analysis, Limitations, Resources, and Prioritization

The data analysis found parallels and variances between the external data and community respondents' perceptions. The most significant findings are summarized below.

Identified by Community Health Needs Assessment Survey Participants	Identified by External Indicators (Kansas Health Matters and RWJF County Health Rankings)
<p>CONCERN FOR > 30% OF RESPONDENTS FOR EACH SECTION</p> <p>Overall:</p> <ul style="list-style-type: none"> • Lack of Access to Affordable Foods • Concern for Economy/Paying Bills • Concern for Mental Health/Well-Being • Lack of safe, affordable housing • Concern of Suicide Rate • Lack of providers to Support Emotional Health • Lack of Access to Safe Spaces for Physical Exercise • Lack of Medical Care • Lack of Adequate Health Insurance/Coverage <p>Young Children (Birth – 5 years)</p> <ul style="list-style-type: none"> • Access to Affordable Childcare • Inadequate Amount of Healthy Food Available • Access to Free/Reduced Lunches at School • Concern for Overweight/Obesity • Lack of Access to Preschool Programs • Concern for Formula Shortage <p>School Aged Children/Adolescents (6-18 years)</p> <ul style="list-style-type: none"> • Bullying • Lack of Safe Community Activities • Concern of Suicide Rate • Lack of Before and After School Childcare • Alcohol use • Prescription Drug Abuse/Misuse • Vaping/Tobacco/E-cigarette Use • Successfully Graduating High School • Overweight/Obesity • Suicide • Teen Pregnancy <p>Adulthood (18-35 years)</p> <ul style="list-style-type: none"> • Anxiety • Depression • Overweight/Obesity • High Blood Pressure • Alcohol Overuse • Unsafe Driving • Street/Illegal Drug Use • Vaping/Tobacco/E-cigarette Use <p>Older Adulthood (65+ years)</p> <ul style="list-style-type: none"> • Social Isolation • Lack of Transportation • Affordability of Healthy Foods • Depression • Falls • Safety Driving • Financial Exploitation • Anxiety 	<p>SIGNIFICANT CONCERNING TRENDS</p> <p>Diagnoses and Hospitalizations</p> <ul style="list-style-type: none"> • Adult Diabetes • STI Rate • Obesity • Tobacco Use • Stroke Hospitalizations • Diabetes Hospitalizations <p>Age-Adjusted Mortality</p> <ul style="list-style-type: none"> • Stroke • Lower Respiratory Disease • Diabetes • Suicide <p>Medicare Population</p> <ul style="list-style-type: none"> • Atrial Fib • High Blood Pressure • Depression • Chronic Kidney Disease • Asthma • Arthritis- Osteo and Rheumatoid • > 10 days of Opioid Rx <p>Economic and Transportation</p> <ul style="list-style-type: none"> • Children living below poverty level • 16 years+ in labor force • People living 200% above poverty level • People living below poverty level • Home ownership • Median monthly cost of housing without mortgage • Mean travel time to work • Workers who drive alone • Workers who walk to work

The quantity of respondents provided a very small sample of the Jefferson County population for the community health needs assessment survey. Certain areas were grossly underrepresented geographically 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). The CHNA team have met to discuss ways to increase access and participation in the next CHNA process.

Areas in which FWH is not equipped to assist include the following access to affordable childcare, lack of access to preschool programs, bullying, lack of safe activities within the community for kid/teens outside of school and lack of employment opportunities.

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

- Availability/affordability of healthy food
- Suicide
- Depression
- Anxiety
- Social Isolation
- Overweight/Obesity
- Lack of transportation

Though new approaches and program development are in progress, increased marketing and community education efforts of available services will be a primary focus for the improvement plan and implementation to ensure county residents know of the services accessible to them to meet many of the needs listed.

Appendices

- A. Community Health Needs Assessment Survey Full Report
- B. Kansas Health Matters Report
- C. U.S. Census Report
- D. Jefferson County Resource Guide 2022