

2019 Community Health Needs Assessment and Improvement Plan/ Implementation Strategy

*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 2019 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 2016 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 and JCHD 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 7,600 households. Seven public school systems are located within the county in addition to an alternative learning academy. Per census estimates from 2019, 22.8% of county residents are minors and 18.6% are senior citizens. Additionally, 95.9% of the population are Caucasian and 49.1% are female.

Process and Methodology

The 2016 CHNA community survey was performed via SurveyMonkey and paper survey format with increased participation as compared to previous surveys (N=566). For reference, in 2013 Town Hall meetings were performed with county-wide participation of N=58 and in 2008 a paper-only survey yield of N=192 responses. Paper surveys were available at multiple areas throughout the county (grocery stores, gas stations, banks, diners, school enrollment, JCHD 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 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 to prompt use for those who were more inclined to complete an online vs. paper survey. The survey was made available to the public from July 2019 – late November 2019.

The survey included 30 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 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 based upon information from Kansas Health Matters, Top County Health Rankings, Healthy People 2020 performance dashboards, and the concerns noted by respondents in the 2016 CHNA Survey. The 2016 CHNA Survey approached concerns from a personal and community-wide level. 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.

External (Non-Survey) Relevant Data



Jefferson (JF)

2019 Rankings

Show areas to explore Show areas of strength

County Demographics

	County	State
Population	18,998	2,913,123
% below 18 years of age	22.9%	24.5%
% 65 and older	18.1%	15.4%
% Non-Hispanic African American	0.6%	5.8%
% American Indian and Alaskan Native	0.9%	1.2%
% Asian	0.3%	3.1%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	2.8%	11.9%
% Non-Hispanic white	93.5%	75.9%
% not proficient in English	0%	2%
% Females	49.1%	50.2%
% Rural	98.8%	25.8%

	Jefferson County	Trend	Error Margin	Top U.S. Performers ^	Kansas	Rank (of 102)
Health Outcomes						13
Length of Life						30
Premature death	7,400		5,800-8,900	5,400	6,900	
Quality of Life						10
Poor or fair health **	13%		12-13%	12%	15%	
Poor physical health days **	3.0		2.8-3.1	3.0	3.1	
Poor mental health days **	3.2		3.0-3.4	3.1	3.3	
Low birthweight	5%		4-6%	6%	7%	
Additional Health Outcomes (not included in overall ranking)						
Life expectancy	78.3		77.0-79.7	81.0	78.6	
Premature age-adjusted mortality	360		320-410	280	350	
Child mortality				40	50	
Infant mortality				4	6	
Frequent physical distress	9%		9-9%	9%	9%	
Frequent mental distress	10%		10-10%	10%	10%	
Diabetes prevalence	10%		8-12%	9%	10%	
HIV prevalence				49	119	

	Jefferson County	Trend	Error Margin	Top U.S. Performers ^	Kansas	Rank (of 102)
Health Factors						34
Health Behaviors						48
Adult smoking **	17%		16-18%	14%	17%	
Adult obesity	31%		27-36%	26%	33%	
Food environment index	8.7			8.7	6.9	
Physical inactivity	26%		22-30%	19%	24%	
Access to exercise opportunities	55%			91%	80%	
Excessive drinking **	17%		16-18%	13%	17%	
Alcohol-impaired driving deaths	31%		22-41%	13%	24%	
Sexually transmitted infections	301.1			152.8	417.6	
Teen births	20		16-25	14	28	
Additional Health Behaviors (not included in overall ranking)						
Food insecurity	11%			9%	13%	
Limited access to healthy foods	0%			2%	8%	
Drug overdose deaths				10	11	
Motor vehicle crash deaths	23		16-33	9	14	
Insufficient sleep	27%		26-28%	27%	31%	
Clinical Care						21
Uninsured	9%		7-10%	6%	10%	
Primary care physicians	2,100:1			1,050:1	1,310:1	
Dentists	6,330:1			1,260:1	1,740:1	
Mental health providers	3,800:1			310:1	530:1	
Preventable hospital stays	3,792			2,765	4,078	
Mammography screening	48%			49%	43%	
Flu vaccinations	52%			52%	44%	
Additional Clinical Care (not included in overall ranking)						
Uninsured adults	10%		9-12%	6%	12%	
Uninsured children	5%		4-7%	3%	5%	
Other primary care providers	2,714:1			726:1	931:1	
Social & Economic Factors						31
High school graduation	93%			96%	87%	
Some college	63%		56-69%	73%	70%	
Unemployment	3.6%			2.9%	3.6%	
Children in poverty	11%		8-15%	11%	15%	
Income inequality	3.4		3.1-3.7	3.7	4.3	
Children in single-parent households	23%		18-28%	20%	29%	
Social associations	13.2			21.9	13.7	
Violent crime	199			63	365	
Injury deaths	79		62-100	57	73	

	Jefferson County	Trend	Error Margin	Top U.S. Performers ^	Kansas	Rank (of 102)
Additional Social & Economic Factors (not included in overall ranking)						
Disconnected youth				4%	6%	
Median household income	\$66,000		\$58,800-73,300	\$67,100	\$56,400	
Children eligible for free or reduced price lunch	40%			32%	48%	
Residential segregation - Black/White				23	58	
Residential segregation - non-white/white	19			15	41	
Homicides				2	4	
Firearm fatalities	21		13-33	7	13	
Physical Environment						77
Air pollution - particulate matter **	9.7			6.1	8.1	
Drinking water violations	No					
Severe housing problems	9%		7-11%	9%	13%	
Driving alone to work	85%		82-88%	72%	82%	
Long commute - driving alone	47%		42-52%	15%	20%	
Additional Physical Environment (not included in overall ranking)						
Homeownership	82%		80-84%	80%	66%	
Severe housing cost burden	7%		6-9%	7%	11%	
Areas to Explore Areas of Strength						
^ 10th/90th percentile, i.e., only 10% are better. ** Data should not be compared with prior years. Note: Blank values reflect unreliable or missing data.						

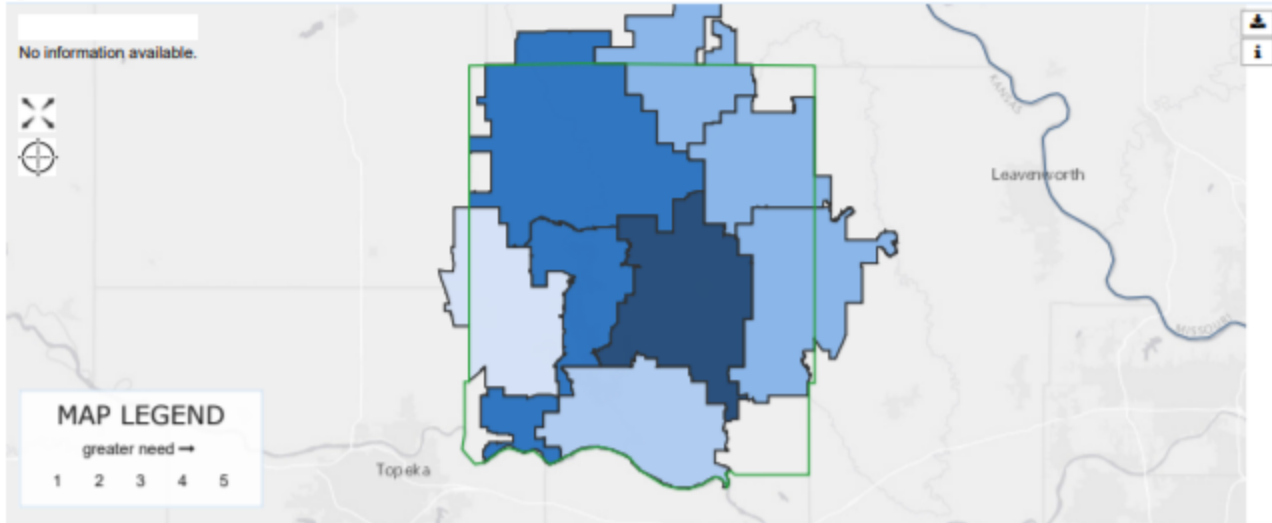
SocioNeeds Index

The **2019 SocioNeeds Index**, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes.

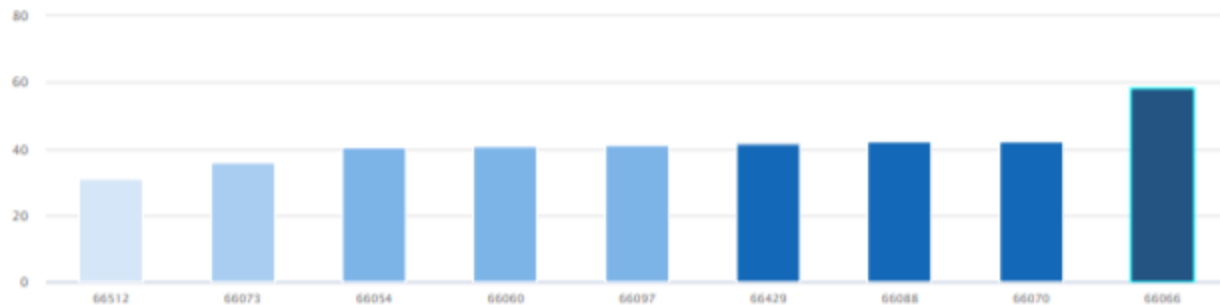
All zip codes, counties, and county equivalents in the United States are given an **Index Value** from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are **ranked** from 1 (low need) to 5 (high need) based on their Index Value.



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.

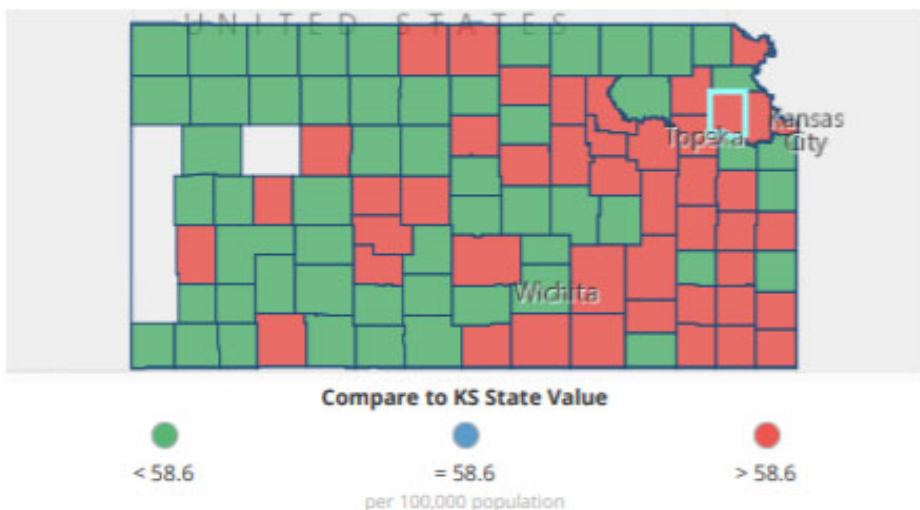
2019 Kansas Health Matters Summary (4/2019 – used for CHNA Survey Foci)

Measure	Not met Target Value	Non-significant increase	Significant Increase	Current Value Worse than Prior Value	Current Value Worse than Comparison Value (KANSAS)
Miscellaneous Social Determinants of Health					
Persons with Health Insurance	X				
Food Insecurity Rate		X		X	
Life expectancy for females					X
People living 200% above poverty level			X		
People living below poverty level			X		
Uninsured adult population rate	X			X	
People 25+ with bachelors degree or higher education		X			X
Access to exercise opportunities					X
Farmers Market Density		X			
Fast Food Restaurant Density		X			
Grocery store density		X			
Food environment index		X			
Liquor Store density		X			X
MEDICARE POPULATION					
Cancer: Medicare Population		X		X	
Diabetes in Medicare Population		X		X	
Medicare population: A fib		X			
Medicare Population: Heart Failure				X	
Medicare Population: Hyperlipidemia			X		X
Medicare Population: HTN		X		X	
Medicare population: depression			X	X	
% of Adults 65 and over immunized against influenza					X
% of Eligible Medicare Beneficiaries 65+ receiving PPSV 23				X	
Medicare population: CKD			X	X	
Medicare population: rheumatoid or osteoarthritis			X		X
Medicare population: asthma			X	X	
Medicare population: COPD		X			
% of medicare part D beneficiaries receiving opioid and benzos Rx		X			
% of Medicare Part D beneficiaries receiving >10 day supply of opioids		X			X
% of Medicare Part D claims with opioid Rx for more than 10 day supply			X		X
Age-adjusted Alzheimers disease mortality rate					X
Age-adjusted Cancer mortality rate					X
Age-adjusted cerebrovascular disease mortality rate	X		X		X
Age-adjusted lower respiratory disease mortality rate		X			X
Age-adjusted Diabetes mortality rate			X		X
Age-adjusted heart disease mortality rate	X	X			X
Age-adjusted mortality rate		X			X
Age-adjusted suicide mortality rate	X		X		X
Age-adjusted traffic injury mortality rate	X				X
Age-adjusted unintentional injuries mortality rate	X				X
Age-adjusted years of potential life lost – cerebrovascular disease		X			X

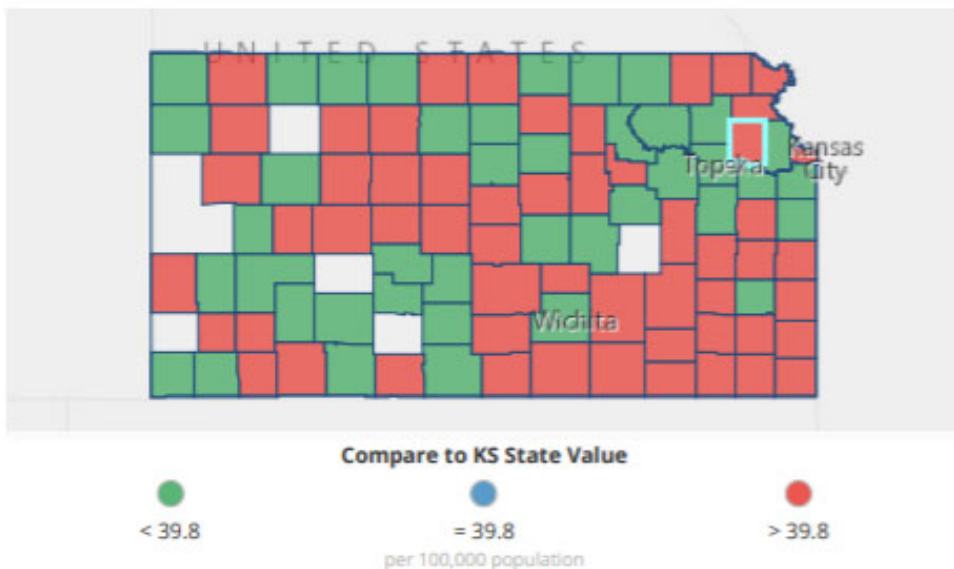
Measure	Not met Target Value	Non-significant increase	Significant Increase	Current Value Worse than Prior Value	Current Value Worse than Comparison Value (KANSAS)
(Medicare Population Continued)					
Age-adjusted years of potential life lost – diabetes		X			X
Age-adjusted years of potential life lost – heart disease		X			X
Age-adjusted years of potential life lost – nephritis, nephrosis			X		X
Age-adjusted years of potential life lost – suicide		X			X
Age-adjusted years of potential life lost – traffic injury					X
Age-adjusted years of potential life lost – unintentional injury					X
INFANT/CHILD/TEEN					
Infant Mortality	X	X			X
% of births occurring in teens					X
% of births where mother smoked in pg	X				X
Child Food Insecurity Rate				X	
% of screened 3-12 grade students with no dental sealants				X	
Children living below poverty level			X		
Poverty Status by School Enrollment		X			
Families living below poverty level			X		
Students eligible for free lunch program			X		
Student to teacher ratio		X		X	
HS grad		X			
STD Rate			X	X	
ADULT DIAGNOSES					
Colorectal Cancer Rate					X
Lung and Bronchus Cancer Rate		X			X
% of adults dx with Diabetes			X		X
% of Adults Dx with HTN	X	X			X
% of Adults tested and dx with high cholesterol	X				X
% of Adults who are Obese	X	X			X
% of adults who were ever dx with depressive disorder		X			X
% of adults dx with doctor-dx arthritis					X
STD Rate			X	X	
HOSPITAL ADMIT RATES					
Diabetes and Hospital Admit Rate			X		X
Acute CVA Hospital Admission Rate		X			X
Heart Disease Hospital Admission Rate					X
Mental behavior hospital admit rate		X			
ADULT HEALTH BEHAVIORS					
% of Adults Doing Enough Physical Activity to Meet Both the Aerobic and Strengthening Exercise Recommendations	X				
% of Adults who report consuming fruit less than 1 time per day					X
% of adults who report always wearing their seatbelt in the car	X	X			X
% of adults with self-perceived fair or poor health status		X			

County: Jefferson

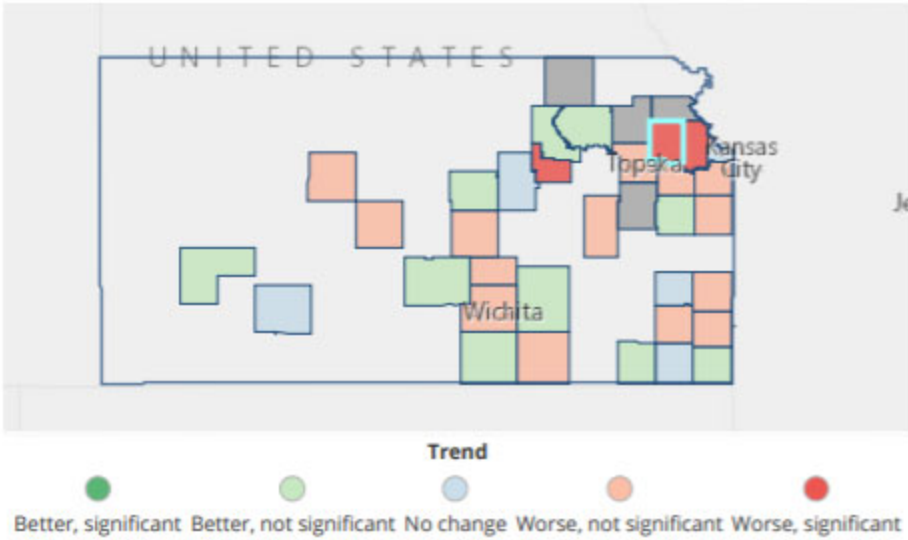
Lung & Bronchus Cancer Rate



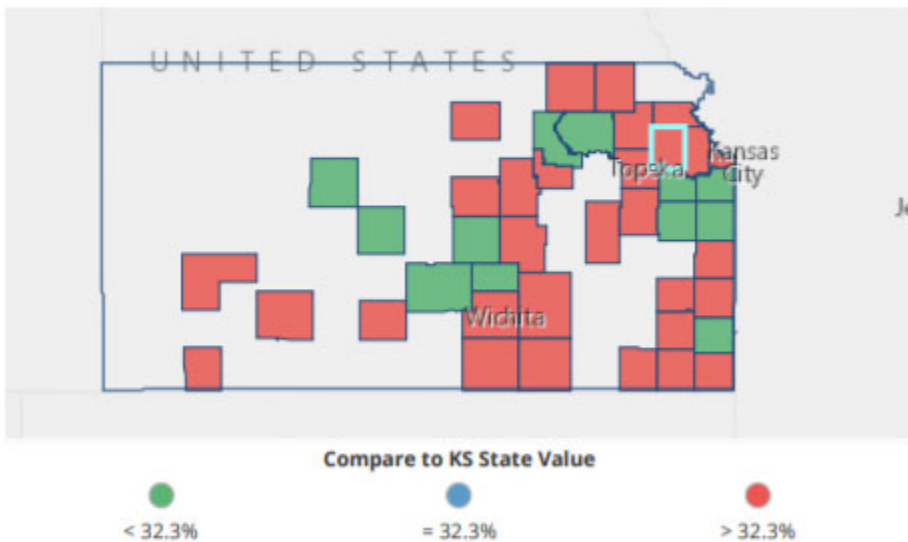
Colorectal Cancer Rate



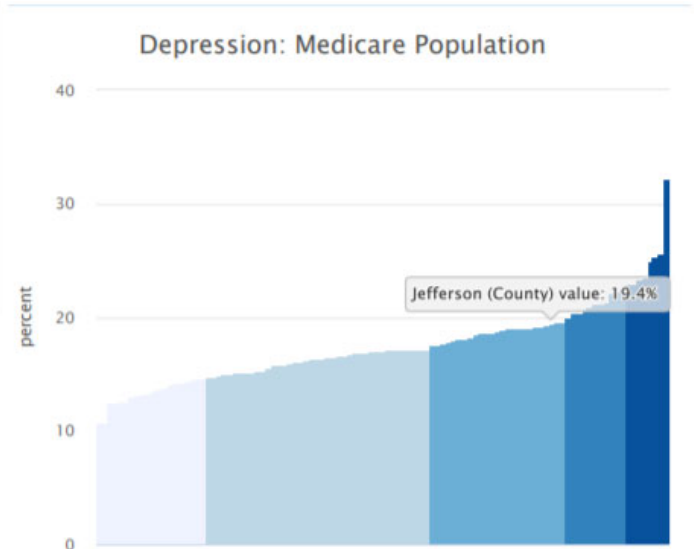
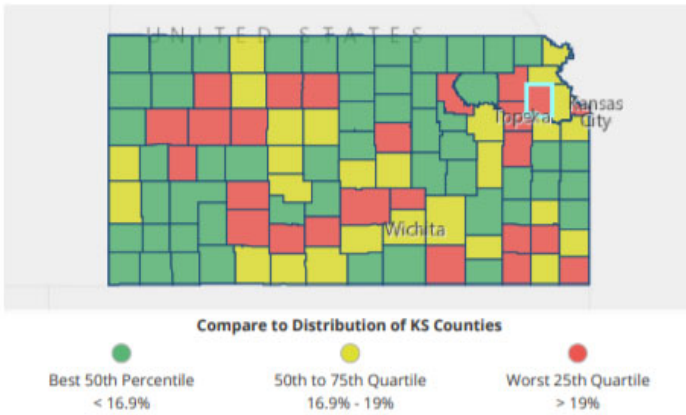
Percent of Adults with Diagnosed Diabetes



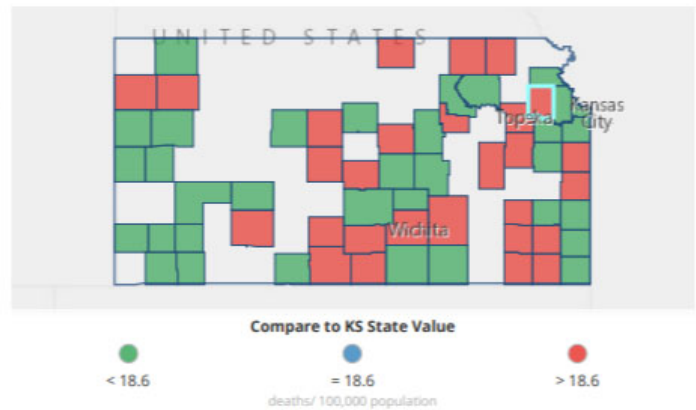
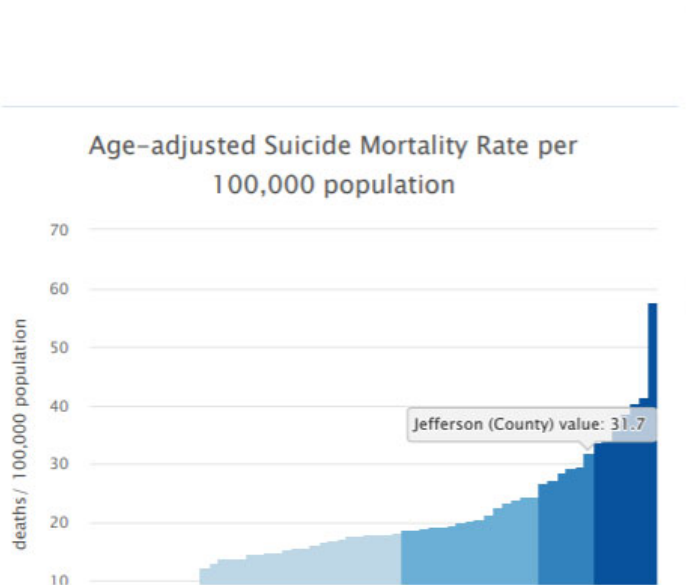
Percent of Adults who are Obese



Depression: Medicare Population



Age-adjusted Suicide Mortality Rate per 100,000 population



Stats of the State of Kansas (CDC)

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 406 respondents participated in the survey, 275 via the online format and 131 via the paper form.

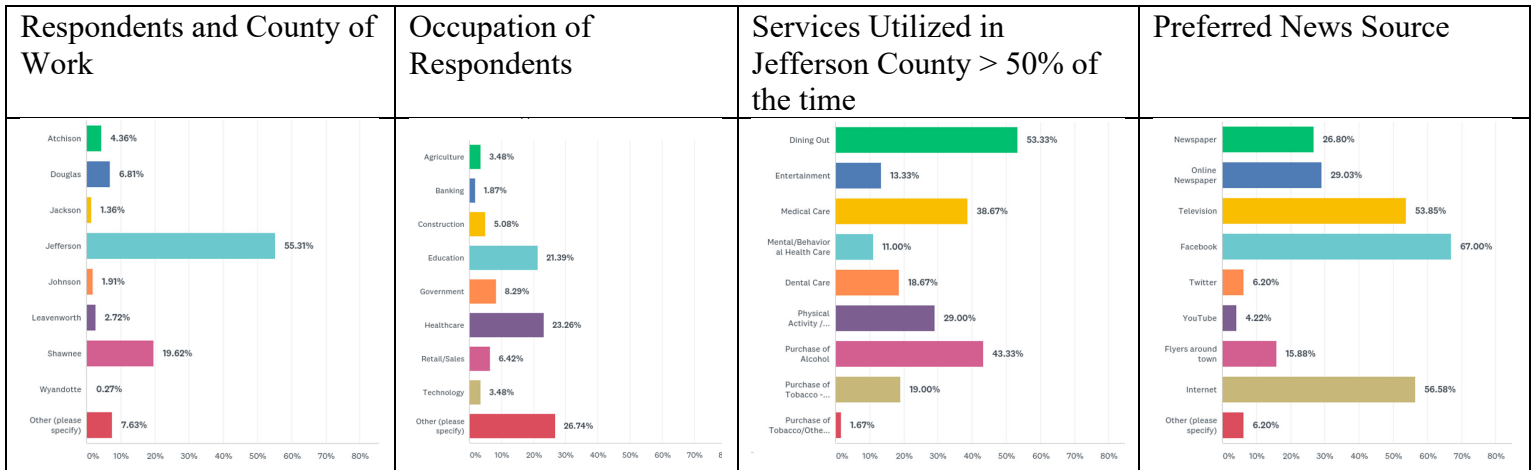
Demographics Overview of Survey Respondents

Respondents by Geographical Area			Respondents by Age Group in Years (% of total respondents)	Gender (% of total respondents)	Ethnicity (% of total respondents)	Race (% of total respondents)	Employment Status (% of total respondents)
Zip/Town	# of Respond/ # of HH	% Participation of Zip/Town	<18: 5 (1.24%) 18-24: 8 (1.99%) 25-34: 98 (24.38%) 35-44: 132 (32.84%) 45-54: 58 (14.43%) 55-64: 58 (14.43%) 65+: 43 (10.70%)	Male: 61 (15.29%) Female: 335 (83.96%) Trans: 2 (0.50%) Non-Binary: 1 (0.25%)	Hispanic/Latino: 13 (3.27%) Not Hispanic/Latino: 384 (96.73%)	White: 393 (97.52%) Asian: 0 (0%) Black or African American: 5 (1.24%) Native Hawaiian or other Pacific Islander: 4 (0.99%) American Indian or Alaskan Native: 11 (2.73%) Prefer not to answer: 3 (0.74%) Other: 4 (0.99%)	Employed: 326 (81.5%) Retired: 43 (10.75%) Disabled: 12 (3%) Other: 26 (6.5%)
66054 McLouth	29 / 1093	2.7%					
66060 Nortonville	48 / 423	11.3%					
66066 Oskaloosa	58 / 1038	5.6%					
66070 Ozawkie	62 / 1019	6.1%					
66073 Perry	25 / 954	2.6%					
66088 Valley Falls	36 / 915	3.9%					
66097 Winchester	82 / 429	19.1%					
66429 Grantville	15 / 238	6.7%					
66512 Meriden	42 / 1301	3.2%					

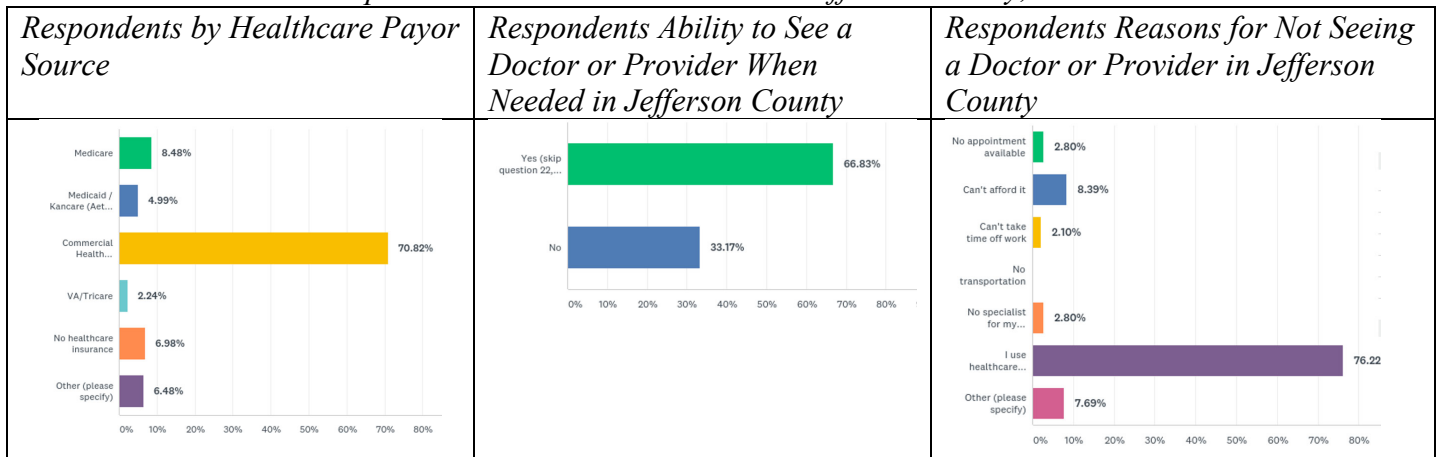
Demographics of Respondents' Households

# 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	20 (4.95%)	1	94 (23.68%)	<25K:	84 (21.37%)	Yes	29 (7.34%)
2 people	91 (22.52%)	2	113 (28.46%)	25K-49,999:	116 (29.52%)	No	366 (92.66%)
3 people	77 (19.06%)	3	57 (14.36%)				
4 people	111 (27.48%)	4	29 (7.30%)	50K-74,999:	100 (25.45%)		
5+ people	105 (25.99%)	5+	14 (3.53%)	>75K:	93 (23.66%)		
		None	90 (22.67%)				

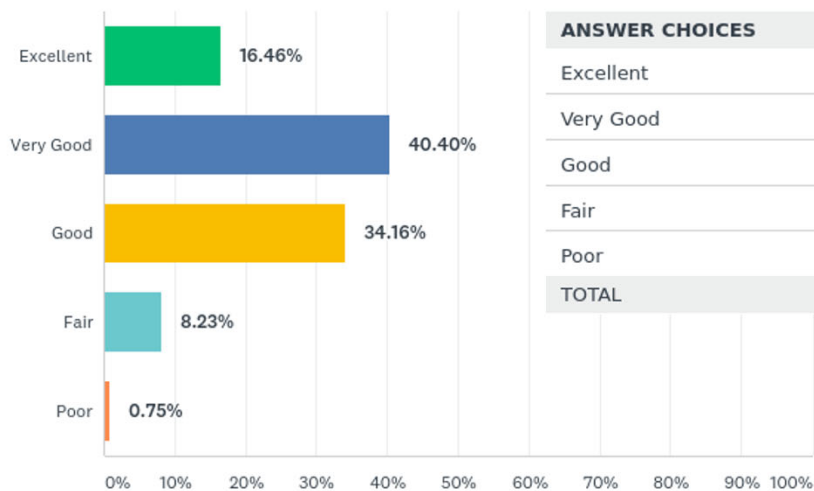
Work, Utilization of Services, and Preferred News Source in Jefferson County



Respondents Access to Healthcare in Jefferson County, Kansas



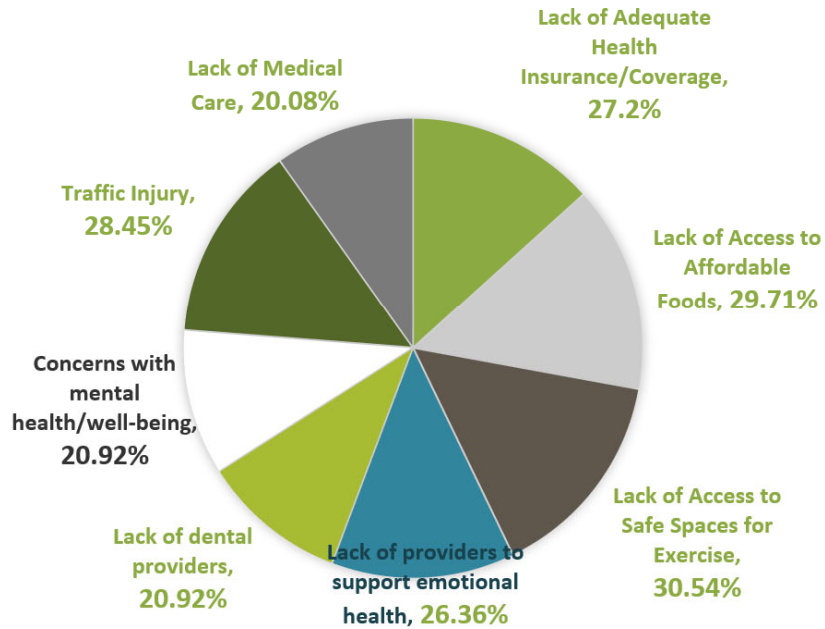
Respondents Self-Description of Overall Health



ANSWER CHOICES	RESPONSES	
Excellent	16.46%	66
Very Good	40.40%	162
Good	34.16%	137
Fair	8.23%	33
Poor	0.75%	3
TOTAL		401

Top Concerns of Respondents With Respect to Their Households (>20%)

Answered: 239 Skipped: 167



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

Concern	Number of Respondents (51)	% of Respondents
Access to Affordable Childcare	29	56.9%
Inadequate Amount of Healthy Food Available	11	21.6%
Access to Free/Reduced Lunches at School	11	21.6%

Q27: Top Concerns for Children/Teens (6 years - 18 years)

Concern	Number of Respondents (131)	% of Respondents
Depression or Other Mental Health Condition	75	57.3%
Alcohol use	38	29%
Vaping	33	25.2%
Successfully Graduating High School	31	23.7%
Overweight/Obesity	30	22.9%
Tobacco – E-cigarette	30	22.9%
Suicide	30	22.9%
Teen Pregnancy	28	21.4%
Tobacco Use (cigarettes/chew/cigar/pipe)	28	21.4%

Q28: Top Concerns Young Adulthood (18 years - 35 years)

Concern	Number of Respondents (85)	% of Respondents
Anxiety	53	62.4%
Depression	50	58.8%
Overweight/obesity	34	40%
High Blood Pressure	20	23.5%

Q29: Top Concerns Middle Adulthood (36 years - 64 years)

Concern	Number of Respondents (176)	% of Respondents
Overweight/obesity	103	58.5%
High blood pressure	87	49.4%
Anxiety	79	44.9%
High lipids	72	40.9%
Depression	70	39.8%
Diabetes	59	33.5%
Arthritis	44	25%

Q30: Top Concerns Older Adulthood (65+ years)

Concern	Number of Respondents (49)	% of Respondents
High Blood Pressure	32	65.3%
Diabetes	19	38.8%
High Lipids	18	36.7%
Arthritis	18	36.7%
Overweight/ Obesity	17	34.7%
Fall	14	28.6%
Depression	12	24.5%
Anxiety	12	24.5%

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.

<p align="center">Identified by Community Health Needs Assessment Survey Participants</p>	<p align="center">Identified by External Indicators (Kansas Health Matters and RWJF County Health Rankings)</p>
<p>CONCERN FOR > 20% OF RESPONDENTS FOR EACH SECTION</p> <p>Overall:</p> <ul style="list-style-type: none"> • Lack of Adequate Healthcare/Insurance Coverage • Lack of Access to Affordable Foods • Lack of Access to Safe Spaces for Exercise • Lack of providers to Support Emotional Health • Lack of Dental Providers • Concern for Mental Health/Well-Being • Traffic Injury • Lack of Medical Care <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 <p>Children/Teen (6-18 years)</p> <ul style="list-style-type: none"> • Depression of other mental health condition • Alcohol use • Vaping • Successfully Graduating High School • Overweight/Obesity • Tobacco-E-cigarette • Suicide • Teen Pregnancy • Tobacco (cigarettes, chew, pipe) Use <p>Young Adulthood (18-35 years)</p> <ul style="list-style-type: none"> • Anxiety • Depression • Overweight/Obesity • High Blood Pressure <p>Middle Adulthood (36-64 years)</p> <ul style="list-style-type: none"> • Overweight/Obesity • High blood pressure • Anxiety • High lipids • Depression • Diabetes • Arthritis <p>Older Adulthood (65+ years)</p> <ul style="list-style-type: none"> • High blood pressure • Diabetes • High lipids • Arthritis • Overweight/Obesity • Fall • Depression • 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/IP-IS team have met to discuss ways to increase access and participation in the 2022 CHNA process.

Areas in which FWH is not equipped to assist include the following: dental services, county-wide public transportation, comprehensive community fitness center, childcare, and non-senior citizen mental health services. 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. FWH is committed to working with the Alliance and JCHD for local efforts to reduce tobacco use, vaping, suicide, and other projects as determined by the Alliance and within FWH capacity. We also are proud and active members of the Kansas Clinical Improvement Collaborative (the “Care Collaborative), a patient safety and accountable care organization.

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

- Access to high quality healthcare services at any time
- Mental healthcare for senior citizens
- Nutritional services
- Affordable housing
- Mitigation of prescription drug abuse/ opioid overuse
- Care of individuals with, or at risk for, chronic disease, specifically high blood pressure, diabetes, lung disease, and elevated cholesterol.
- Local economic growth
- Primary and secondary prevention of common health concerns with health promotion activities.

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.