



Johnson County, Kansas Community Health Needs Assessment

**SMMC Primary Service Area
June 2013**

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I. Executive Summary

[SMMC community Health Needs Assessment]

I. Executive Summary

A community health assessment is a systematic method of identifying unmet health care needs of a population and identifying possible interventions to meet those needs.

This community health assessment provided the opportunity to:

- Assess the population's health status
- Highlight areas of unmet need
- Present the community's perspectives
- Provide improvement suggestions for possible interventions

The report includes secondary data from national, state and local databases and when appropriate and possible, comparative information is presented. It also includes primary data from Shawnee Mission Medical Center's Primary Service Area residents (23 zip code areas; 20 zips located in Johnson County and 3 zips in Wyandotte County KS) that encompasses the community's perspective.

Creating healthy communities requires a high level of mutual understanding and collaboration with community individuals and public health partner groups. The development of this assessment brings together community health leaders and providers along with local residents to research, prioritize county health needs and to document community health delivery successes. This health assessment will serve as the foundation for community health improvement efforts for next three years. This CHNA was a joint project among SMMC leadership, PSA community health leadership, Johnson County Department of Health & Environment and VV Research & Development INC. from Olathe, KS

Key Demographic and Socioeconomic Profile findings:

- The population for SMMC's PSA equals 351,992 (Yr 2011) with a 5 year projected growth rate of 5.3%. SMMC's underserved area equals 91,370 residents with a 5 year growth rate of only 1.9%. *SMMC's underserved area represents 5 zip code areas i.e. 66202, 66203, 66101, 66102 and 66103.*
- SMMC's underserve area has 18.4% of all households making under \$15,000 per year versus 9.0% for all SMMC's PSA households.
- 13.6% of SMMC PSA's population identifies as Hispanic
- SMMC PSA's per capita income is \$34,854, considerably higher than SMMC's underserved area's per capita income of \$20,038

Town Hall Community Health “Strengths” Cited from Shawnee Mission Medical Center Primary Service Area (PSA) Johnson & Wyandotte Counties KS

- Availability & access of HC services
- Supportive Johnson County law enforcement
- School emphasis on wellness and prevention
- Good Quality of life
- Easy access to fresh fruits and vegetables
- Opportunities for physical activity; parks and trails
- Physicians (good selection)
- Health screenings / Good immunization rates
- Competition among health care providers; incentivizes health care systems to perform
- Lower smoking rates than other counties
- Higher education levels / Safe drivers
- Greater opportunity for charity care because we’re a wealthier county – more opportunity to provide

CHNA “Health Priorities” Cited – SMMC PSA Johnson Co. KS. Following is a summary list of Town Hall community needs. These needs will each be addressed in a CHNA Comprehensive Implementation Plan prepared by SMMC’s PSA stakeholders

Johnson County KS (SMMC PSA)				
Town Hall Community Health Needs Priorities N = 27				
#	HC Topics cited to either change or improve	Votes	%	Accum
Total Town Hall Votes		100	100%	
1	Better education on eating habits & nutrition *	14	14.0%	14.0%
2	More opportunity for – emphasize physical activity & wellness. *	14	14.0%	28.0%
3	Recruiting and retaining good doctors and nurses	12	12.0%	40.0%
4	Behavioral Health Service i.e. social work, psychology, counseling *	11	11.0%	51.0%
5	Need for additional Holistic Wellness programs	9	9.0%	60.0%
6	More doctors taking Medicaid *	8	8.0%	68.0%
7	Aging population; how to access Senior services (especially those who live alone)	6	6.0%	74.0%
8	Integrated data patient registration; common provider check ins	5	5.0%	79.0%
9	Uninsured funding *	5	5.0%	84.0%
Note:	* Johnson County Department of Health & Environment Community Health Improvement Plan YR 2011 Priorities: 1) Physical Activity / Nutrition, 2) Access to Healthcare and 3) Substance Abuse / Mental Health. ** Other items receiving votes: Intragration of Health services among providers, lack of a wareness of health needs, bilingual patient education, domestic violence and oral health.			

Key Community Health Needs Assessment Conclusions from secondary research)

- **KS HEALTH RANKINGS:** According to the 2012 RWJ County Health Rankings study, Johnson County ranks number one in the majority of areas of State of Kansas ranking (of 105 counties). Johnson County's lowest two rankings were in Morbidity – Quality of Life (11th) and Physical Environment – Environmental Quality (63rd).
- **TAB 1:** Johnson County's population has slightly increased over last 4 years (5.4%) - Year 2006 to 2010. The number of persons per square mile in Johnson County is 1150 – very dense population compared to other Kansas counties. The percentage of people living 200% above the poverty level is also higher (84.4% to 65.5%) than Big 6 KS Norm composed of Johnson, Wyandotte, Douglas, Shawnee, Riley and Sedgwick counties.
- **TAB 2:** Johnson County unemployment is lower than KS state and Big 6 KS norm by 1 percent (5.3%). The percentage of families (3.6%) and children (7.1%) living below poverty level are lower as well.
- **TAB 3:** The percentage of students who graduate high school in Johnson County is higher than the state norm and Big 6 (87.7%). The percentage of students eligible for the free lunch program is much lower than the state norm (15.5% as compared to 47.4%).
- **TAB 4:** The percentage of low birth weight is similar to the state norm and other counties (6.3%). The percentage of births with prenatal care in the first three months (87.2%) and the percentage of mothers who initiate breastfeeding (85.8%) are both higher.
- **TAB 5:** Total hospital inpatient discharges (approximately 53,000) in Johnson County have fluctuated minimally over last 3 years. Surgical percentage has decreased slightly from 26.6% in FFY 2009 to 25.9% in FFY 2011.
- **TAB 6:** The number of persons served along with dollars spent on mental health, food assistance & energy assistance in Johnson County has increased substantially from 2009-2011. For example, food assistance rose from 13,996 (persons served) in Year 2009 to 21,932 in Year 2011.
- **TAB 7:** The percentage of excessive drinking (18%) and adults who are binge drinkers (16.7%) are higher than the state norm and Big 6 KS Norm. The percentage of obesity (24%) and physical inactivity (17%) are lower.
- **TAB 8:** Johnson County has a lower rate of uninsured (10%) compared to KS state and Big 6 KS norms (15%).
- **TAB 9:** Leading causes of death in Johnson County is Cancer and Heart disease. Mortality rates are higher than norm for Atherosclerosis.
- **TAB 10:** The percentage of adults 18 and older who received a flu shot during the past 12 months is slightly higher than the state norm (46.1%).

II. Methodology

[SMMC community Health Needs Assessment]

II. Methodology

a. CHNA Scope and Purpose

The new federal Patient Protection and Affordable Care Act requires that each registered 501(c)3 hospital conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt a strategy to meet community health needs. Any hospital who has filed a 990 is required to conduct a CHNA. IRS Notice 2011-52 was released in late fall of 2011 to give notice and request comments.

JOB #1: Meet/Report IRS 990 Required Documentation

1. a description of the community served by the facility and how the community was determined;
2. a description of the process and methods used to conduct the CHNA;
3. the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA;
4. a description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications;
5. a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and
6. a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Section 501(r) provides that a CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: Government agencies with current information relevant to the health needs of the community and representatives or members in the community that are medically underserved, low-income, minority populations, and populations with chronic disease needs. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility's defined community (*e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.*).

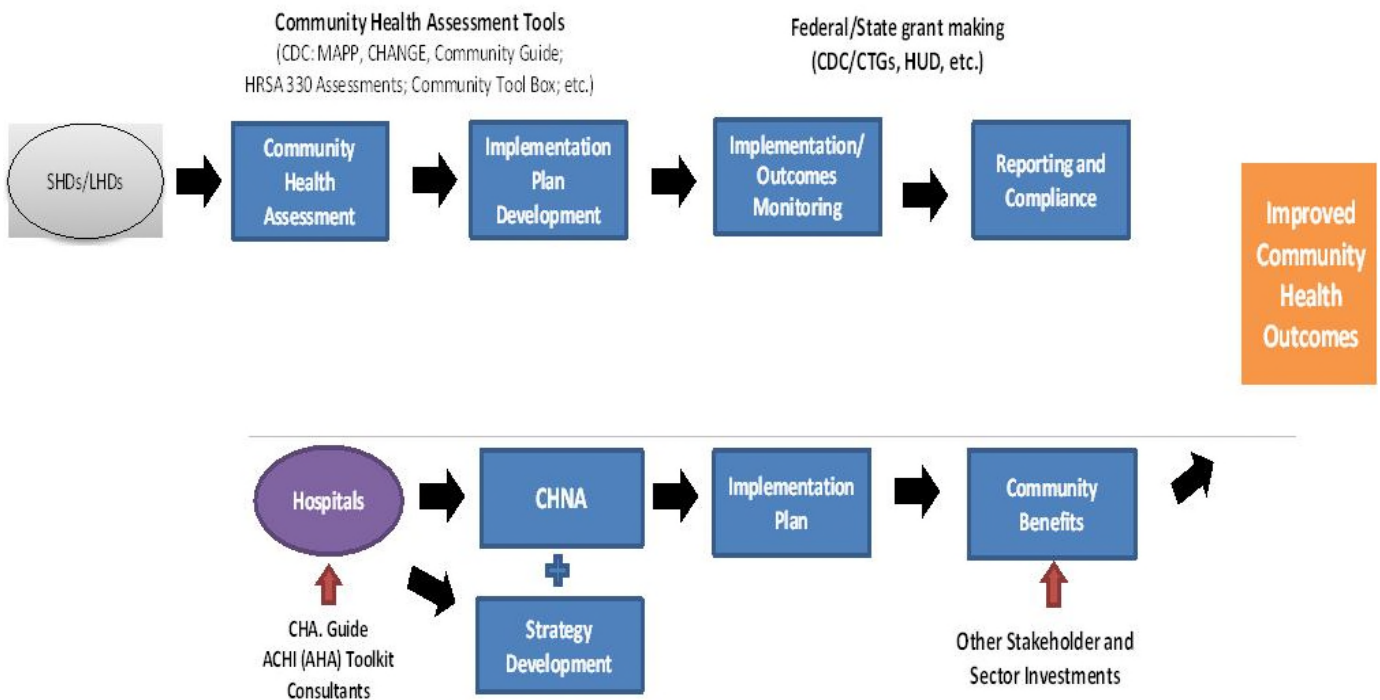
JOB #2: Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after the rules currently in effect for Form 990. Accordingly, an organization would make a **facility's written report** widely available by posting the final report on its website either in the form of (1) the report itself, in a readily accessible format, or (2) a link to another organization's website, along with instructions for accessing the report on that website. *The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

JOB #3: Adopt an Implementation Strategy by Hospital

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it. A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Great emphasis has been given to work hand-in-hand with leaders from both hospitals and the local county health department. A common approach has been adopted to create the CHNA, leading to aligned implementation plans and community reporting.



IRS Notice 2011-52 Overview

Applicability of CHNA Requirements to “Hospital Organizations”

The CHNA requirements apply to “**hospital organizations**,” which are defined in Section 501(r) to include (1) organizations that operate one or more state-licensed hospital facilities, and (2) any other organization that the Treasury Secretary determines is providing hospital care as its principal function or basis for exemption.

Under Section 501(r), a hospital organization is required to conduct a CHNA for each of its hospital facilities once every three taxable years. ***The CHNA must take into account input from persons representing the community served by the hospital facility and must be made widely available to the public. The CHNA requirements are effective for taxable years beginning after March 23, 2012.*** As a result, a hospital organization with a June 30 fiscal year end must conduct an initial CHNA for each of its hospital facilities by June 30, 2013, either during the fiscal year ending June 30, 2013 or during either of the two previous fiscal years.

Determining the Community Served

A CHNA must identify and assess the health needs of the **community served** by the hospital facility. Although the Notice suggests that geographic location should be the primary basis for defining the community served, it provides that the organization may also take into account the target populations served by the facility (e.g., children, women, or the aged) and/or the facility’s principal functions (e.g., specialty area or targeted disease). *A hospital organization, however, will not be permitted to define the community served in a way that would effectively circumvent the CHNA requirements (e.g., by excluding medically underserved populations, low-income persons, minority groups, or those with chronic disease needs).*

Persons Representing the Community Served

Section 501(r) provides that a CHNA must take into account input from **persons who represent the broad interests of the community** served by the hospital facility, including individuals with special knowledge of or expertise in public health. Under the Notice, the persons consulted must also include: (1) government agencies with current information relevant to the health needs of the community and (2) representatives or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community. In addition, a hospital organization may seek input from other individuals and organizations located in or serving the hospital facility’s defined community (e.g., health care consumer advocates, academic experts, private businesses, health insurance and managed care organizations, etc.).

Required Documentation The Notice provides that a hospital organization will be required to separately document the CHNA for each of its hospital facilities in a **written report** that includes the following information: 1) a description of the community served by the facility and how the community was determined; 2) a description of the process and methods used to conduct the CHNA; 3) the identity of any and all organizations with which the organization collaborated and third parties that it engaged to assist with the CHNA; 4) a description of how the organization considered the input of persons representing the community (e.g., through meetings, focus groups, interviews, etc.), who those persons are, and their qualifications; 5) a prioritized description of all of the community needs identified by the CHNA and an explanation of the process and criteria used in prioritizing such needs; and 6) a description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.

Making a CHNA Widely Available to the Public

The Notice provides that a CHNA will be considered to be “**conducted**” in the taxable year that the written report of the CHNA findings is made **widely available to the public**. The Notice also indicates that the IRS intends to pattern its rules for making a CHNA “widely available to the public” after the rules currently in effect for Forms 990. *Accordingly, an organization would make a facility’s written report widely available by posting on its website either (1) the report itself, in a readily accessible format, or (2) a link to another organization’s website, along with instructions for accessing the report on that website. The Notice clarifies that an organization must post the CHNA for each facility until the date on which its subsequent CHNA for that facility is posted.*

How and When to Adopt an Implementation Strategy

Section 501(r) requires a hospital organization to adopt an implementation strategy to meet the needs identified through each CHNA. **The Notice defines an “implementation strategy” as a written plan that addresses each of the needs identified in a CHNA by either (1) describing how the facility plans to meet the health need, or (2) identifying the health need as one that the facility does not intend to meet and explaining why the facility does not intend to meet it.** A hospital organization may develop an implementation strategy in collaboration with other organizations, which must be identified in the implementation strategy. As with the CHNA, a hospital organization that operates multiple hospital facilities must have a separate written implementation strategy for each of its facilities.

Under the Notice, an implementation strategy is considered to be “**adopted**” on the date the strategy is approved by the organization’s board of directors or by a committee of the board or other parties legally authorized by the board to act on its behalf. Further, the formal adoption of the implementation strategy must occur by the end of the same taxable year in which the written report of the CHNA findings was made available to the public. For hospital organizations with a June 30 fiscal year end, that effectively means that the organization must complete and appropriately post its first CHNA no later than its fiscal year ending June 30, 2013, and formally adopt a related implementation strategy by the end of the same tax year. *This final requirement may come as a surprise to many charitable hospitals, considering Section 501(r) contains no deadline for the adoption of the implementation strategy.*

II Methodology

b) Collaborating CHNA parties

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

Shawnee Mission Medical Center

9100 W. 74th Street
Shawnee Mission, KS 66204
Phone: 913-676-2000
CEO: Ken Bacon

Shawnee Mission Medical Center (SMMC) is a 504-bed facility with nearly 20,000 inpatient admissions and more than 200,000 outpatient admissions annually. SMMC has the busiest emergency department in Johnson County, the area's first accredited Chest Pain Emergency Center, a nationally recognized Center for Women's Health and delivers more babies each year than any other hospital in the metropolitan area. SMMC employs more than 2,900 local residents and supports an exceptional staff of 700 physicians representing 50 medical specialties, the largest medical staff in Kansas City. Visit us on the Web at *ShawneeMission.org*.

Mission Statement:

Improving Health Through Christian Service.

Vision Statement:

Shawnee Mission Medical Center will be a regional destination for wellness, hope and healing, attracting customers seeking unsurpassed clinical quality, exceptional value and compassionate care for the whole person, following the example of Christ's healing ministry.

Values:

Respect
Integrity
Service
Excellence
Stewardship

II. Methodology

b) Collaborating CHNA Parties (continue)

Government of Johnson County KS – Department of Health and Environment

Director: Lougene Marsh

Locations: 11875 S. Sunset Drive, Suite 300 Olathe, KS 66061

11811 S. Sunset Drive, Suite 2700, Olathe, KS 66061

6000 Lamar, Suite 600 Mission, KS 66202

Vision: Leading the Way to a Healthier Community

Mission: To Prevent Disease and to Protect and Promote the Health of the Community

Services:

WIC (Women, Infants and Children)

WIC is a nutrition program that provides nutrition and health education, healthy food and other services to Kansas families who qualify. [WIC stands for Women, Infants and Children.](#)

WIC's goal is to help keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy. To do this, WIC provides:

- Personalized nutrition information and support
- Checks to buy healthy food
- Tips for eating well to improve health
- Referrals for services that can benefit the whole family

WIC also offers immunization screening and referral, breastfeeding support, and nutrition and health classes on a variety of topics including meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, shopping on a budget and more.

Child Care Licensing

The Johnson County Department of Health and Environment's Child Care Licensing division works with all child care providers in Johnson County. According to Kansas Child Care Licensing Law, anyone providing care for children other than those related by blood, marriage, or adoption, must be licensed with the Kansas Department of Health and Environment. Click on the links below for more information about child care licensing, classes and resources for child care providers and parents.

Immunization Program

Clients 18 years and younger with private health insurance are required to provide documentation of immunization coverage. Immunization questions? Call (913) 826-1261 and leave a message.

Immunization Clinic Hours (Olathe & Mission):

- Monday - 8:00 a.m. - 4:00 p.m.
- Tuesday - 10:00 a.m. - 6:30 p.m.
- Wednesday - 8:00 a.m. - 4:00 p.m.
- Thursday - 8:00 a.m. - 4:00 p.m.
- 1st, 3rd and 5th Friday - 8:00 a.m. - 4:00 p.m.
- 2nd and 4th Friday - 8:00 a.m. - 12:00 p.m.

Pregnancy Services

[Pregnancy Testing/Family Planning](#)

The Johnson County Department of Health and Environment assists individuals or couples with the timing and spacing of pregnancies; provides counseling and contraceptive services; assists with infertility and identifying other medical problems; and improves knowledge about reproduction and the prevention of sexually transmitted diseases. Family planning services are available on a walk-in basis.

[Prenatal Services](#)

Women who receive prenatal care experience healthier pregnancies. The Johnson County Department of Health and Environment has a skilled staff to meet the needs of both mother and baby prior to delivery. Prenatal services are available by appointment only at the Olathe clinic (11875 S. Sunset Drive, Ste. 300). In-home assessments, counseling and education are also available. Proof of Johnson County residency is required. **For information or an appointment, call (913) 826-1200.**

[Postpartum Services](#)

Registered Nurses from the Outreach Nurse Program are available for in-home, office or community site visits with new mothers and infants who live in Johnson County. Nurses provide physical assessments, weight checks and education/counseling. Proof of Johnson County residency is required. **For information or an appointment, call (913) 826-1200.**

[Targeted Case Management for Pregnant and Parenting Adolescents](#)

This program provides free case management for pregnant and parenting adolescents age 21 or younger who live in Johnson County and are enrolled in Medicaid. A case manager will help with setting and reaching goals in several life areas, including: daily living situations, education/training, employment, finances, key relationships, parenting, health, empowerment. **For more information, call (913) 477-8367 or (913) 477-8440.**

Disease Reporting and Investigation

- [Kansas Pertussis Reporting Form](#)
- [Kansas Varicella \(Chickenpox\) Reporting Form](#)
- [List of Reportable Diseases in Kansas](#)
- [Kansas Notifiable Disease Form - for healthcare providers, hospitals, and laboratories.](#)
- [Disease Reporting for Clinicians](#)
- [Exclusion Recommendations](#)
- [Disease Regulations](#)

Rabies and Animal Bites:

- [Facts](#)
- [Testing](#)
- [Animal Bite Investigation report form](#)
- [Compendium of Animal Rabies Prevention & Control 2011](#)

Other Services:

The Johnson County Department of Health and Environment offers a variety of programs and services to meet the health and wellness needs of the community. Click on the links below for more specific information about each one.

- [Access to Healthy Food](#)
- [Administration & Billing](#)
- [Adolescent Health and Development](#)
- [Adult/Senior Services](#)
- [Blood Pressure Clinic Schedule 2012](#)
- [Blood Pressure Clinic Schedule 2013](#)
- [Chronic Disease Risk Reduction](#)
- [Community Health Assessment and Improvement Plan](#)
- [Continuing Nurse Education](#)
- [Emergency Preparedness](#)
- [Resources for Schools](#)
- [Safe Kids Johnson County](#)
- [Student Internships](#)

II. Methodology

b) Collaborating CHNA Parties (continue)

CREATION Health Vision 2015 is to demonstrate health & wellness value to communities through education, employee health improvement and the patient care process. This committee's work will support SMMC's Mission to be the regional leader for healthy living for associates, physicians, patients, employers and our community.

As a regional leader in promoting healthy living Creation Health will be a resource for:

- Creating programs and services for our communities based on the CREATION Health principles.
- Improving health by promotion and integration of healthy lifestyle programs and services that focus on:
 - Improving health and quality of life
 - Containing costs
 - Changing our culture

Top 5 Creative Health strategies:

- Provide delicious healthy food for all our communities: patients, associates, community
- Promote Associate Wellness
- Build relationships with our employers
- Promote Physician wellness program
- Create Integrated wellness program

SMMC CREATION Health Committee:

- Leslie Mackey – chair (Mgr, Life Dynamics)
- Robin Harrold – Executive
- Trevor Wright - Executive
- Doug Spear – Marketing Director
- Mark Stoddart – Spiritual Wellness
- Lana Deason – Compensation & Benefits Mgr
- Juliet Stoddart – Associate Wellness Coordinator
- Cathy Diagiacinto– Director, Corporate Care & Urgent Care
- Susan Larcom – Director, Nutrition Services

- Chris Laskero – Quality Mgr, Nutrition Services
- Bill Crooks – Good Foods Good Futures, Nutrition Services
- Michael Quarles– Executive Chef, Nutrition Services
- Greg Sweat, MD–SMPG Medical Director
- Jane Murray, MD – Holistic Health Consultant
- Megan Schlick, ND – Naturopathic Doctor, SMHC
- Sandy Anderson, RN – Diabetes Education Mgr
- Robin Patykiewicz – Manager, Retail Services
- Troshynski-Brown, Stacia – Physical Therapy



II. Methodology

b) Collaborating CHNA Parties (continue)

Consultant Qualifications



VW Research & Development, Inc.

Company Profile: 601 N. Mahaffie, Olathe, KS 66061-6431 (913) 302-7264

VINCE VANDEHAAR, MBA

Principal Consultant & Owner of VW Research & Development, Inc.

VW Research & Development, Inc. was incorporated on May 28th 2009. VW Research & Development, consultants have in-depth experience helping hospitals work with local Health Departments to engage community residents & leaders to identify gaps between existing health community resources & needs, and construct detailed strategies to meet those needs - while still adhering to the hospital's mission and budget. Over the past 20 years, Vandehaar has completed over 35 comprehensive Baldrige aligned Community Health Needs Assessments and was contracted to facilitate this community health needs assessment.

Vince Vandehaar, MBA is actively involved in the Kansas City community. He is a member the Greater Kansas City Employee Benefits Association, the Society for Healthcare Strategy & Market Development, the American Marketing Association Kansas City Chapter, and Co-Chair of the AMA Kansas City Healthcare Special Interest Group. In addition to these roles, from 2000 to 2008, Vince served as the state chairman for MHA's Data Committee and was a member of KHA's Data Taskforce.

Collaborating Consultants

Amanda Burian - VW Research & Development, INC
Shelly Mathews – VW Research & Development, INC
Project Planning Analysts

II. Methodology

c) CHNA & Town Hall Research Process

Shawnee Mission Medical Center's (SMMC) Community Health Needs Assessment process began in the summer of 2012. At that time an inquiry was made by Robin Harrold and Shannon Cates, from SMMC Administration to VVV Research & Development to explore the possibility of conducting a comprehensive IRS aligned CHNA. An introduction meeting was held on 9/4/12 with VVV Research & Development staff to review the following items: VVV Research & Development CHNA experience, CHNA requirements (in-depth regulations), CHNA development steps / options to meet IRS requirements, and next steps after option approval.

VVV CHNA Deliverables:

- Confirm Shawnee Mission Medical Center service area meets 75/25 % patient origin rule,
- Uncover/Document Basic Secondary Research – Health of County. Organized by 10 TABS,
- Conduct Town Hall Meeting to discuss secondary data and uncover/prioritize county health needs,
- Report CHNA primary Research (with valid N), and
- Prepare and publish IRS-aligned CHNA report to meet requirements.

(NOTE: To ensure proper (75/25%) Town Hall representation, the following patient origin 3 years summary was generated. For SMMC, both Johnson and Wyandotte Counties (KS) zips noted below will need to be collected and reported to determine primary service area (PSA) health needs.)

Shawnee Mission Medical Center								
Defined based on historical IP/OP/ER patient origin								
	PSA	Totals	Johnson*	%	Wyandotte*	%	Others	%
Inpatient								
-FFY 2011	80.1%	23932	14581	60.9%	4594	19.2%	4757	19.9%
-FFY 2010	79.6%	24033	14839	61.7%	4298	17.9%	4896	20.4%
-FFY 2009	80.1%	23097	14324	62.0%	4184	18.1%	4589	19.9%
Emergency								
-FFY 2011	88.5%	52132	34423	66.0%	11710	22.5%	5999	11.5%
-FFY 2010	89.1%	47097	31853	67.6%	10094	21.4%	5150	10.9%
-FFY 2009	89.5%	42806	29434	68.8%	8893	20.8%	4479	10.5%

NOTE: * SMMC has 23 zips making up their PSA, 3 from Wyandotte and 20 from Johnson County

Source: KS Hospital Assoc

The following chart (calendar of events) outlines approved Shawnee Mission Medical Center CHNA roles & responsibilities:

SMMC CHNA Project Calendar

VVV Research & Development INC

Timeline & Roles 9/4/12


Date (Start-Finish)	LEAD	Task
Tues 9/4/12	VVV / EW	Hold Kickoff CHNA meeting - @ SMMC
Thurs 9/06/12	VVV	Determine Top SMMC PSA zips. Buy Household PSA area (SMMC) either PO box addresses / proper
Wed 9/12/12	VVV	Prepare Draft Paper/online CHNA survey. Send out paper file for review
Wed 9/12/12	SMMC	Create Name/Address file of CHNA local participants. Determine interest level of area healthcare leaders.
Due by Friday 9/7/12 NOON. Send xls to VVV	SMMC	Find KHA CD's. Send copy of Hospital report (documentation patient draw PSA) 2009-11 IP/OP reports PO101E, PO202E, PO103zip, OP TOT223E.
Sept 2013	ALL	Prepare unique files of Basic_CHNAInfo_SMMC. Start to collect Community Resource data.
09/27/13	VVV	Prepare/send out PR story to local media announcing upcoming Town Halls plus survey (4). Send hospital/Dept of HLTH invite to REQUIRED local list (Each hospital will use your data file and use VVV letter on your letterhead).
Surveys Out 1/5/13, due back by Oct 31,13	VVV	FIELD WORK: Mail CHNA Primary Research (Paper survey with online link) to PSA residents. Send 2500 per PSA want 500+ returns.
11/09/13	VVV / SMMC	Conduct conf call. Review Secondary Health Info Data items for your PSA.
Tues Nov 13th 5:30-7pm @ Matt Ross Comm CTR	All	Conduct SMMC Town Hall meeting. Conduct Community Roundtables - Review Basic CHNA info RANK priorities.
On or before 2/14/13	VVV	Complete Analysis - Draft #1 CHNA -
On or before 3/31/13	VVV	Produce & Release CHNA report Post online.
After 3/31/13	SMMC	Hold Board Meetings discuss CHNA needs, adopt an implementation strategy and communicate YOUR plan.

To meet IRS aligned CHNA requirements, a four-phase methodology was reviewed and approved as follows:

Phase I – Discovery: Conduct a 30 minute conference call with CHNA hospital client and County Health Department. Review / confirm CHNA calendar of events, explain / coach client to complete required participants database and schedule / organize all Phase II activities.

Phase II – QUANTIFY Community Need:

A) Conduct secondary research to uncover the following historical community health status for PSA. Use KS Health Matters, a joint venture between KHA and KHDE, Vital Statistics, County Health Rankings, etc. to document “current state” of county health organized as follows:



TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Gather historical primary research to uncover public health needs, practices and perceptions for hospital primary service areas. Note: Use existing Johnson County Department of Health & Environment Community Health Improvement Plan YR 2012-17 findings to supplement secondary research.

Phase III – QUALIFY Community Need: Conduct 90 minute Town Hall meeting with required county PSA residents. (Note: At SMMC’s Town Hall meeting, CHNA secondary data was reviewed, facilitated group discussions occurred, and a group ranking activity to determine the most important community health needs was administered. SMMC Town Hall attendees represented minority populations, medically underserved and low income community areas.)

Phase IV - Complete data analysis & create comprehensive Community Health Needs Assessment. Post CHNA report findings to meet IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring hospital & local health department) the CHNA Basic option was selected with the following project schedule:

Phase I: Discovery.....	September 2012
Phase II: Secondary/Primary Research	Sept-Oct 2012
Phase III: Town Hall Meeting.....	November 13, 2012
Phase IV: Prepare / Release CHNA report.....	February 2013

Detail CHNA development steps include:

Steps to Conduct Community Health Needs Assessment	
	Development Steps
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept, Mental Health Centers, Schools, Churches, Physicians etc), hold community meeting.</i>
Step # 2 Planning	<i>Prepare brief Community Health Needs Assessment Plan - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect & Report Community Health Published Facts. Gather data health practice data from published secondary research sources i.e. census, county health records, behavioral risk factors surveillance, etc.</i>
Step # 4a Primary Research	<i>Conduct Community Roundtable (Qualitative Research). Review Secondary Research (Step3) with Community Stakeholders. Gather current opinions and identify health needs.</i>
Step # 4b Primary Research <Optional>	<i>Collect Community Opinions. (Quantitative Research). Gather current opinions (Valid sample size) regarding community health needs and healthcare practices. If appropriate, conduct Physician Manpower Assessment to determine FTE Physician need by specialty.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive Community Health Needs Assessment report (to community leaders) with Recommended Actions to improve health . < Note: Formal report will follow IRS Notice 2011-52 regs ></i>

Overview of Town Hall Community Priority Setting Process

Each community has a wealth of expertise to be tapped for CHNA development. For this reason, a town hall is the perfect forum to gather community insight and provide an atmosphere to objectively consensus build and prioritize county health issues.

All Town Hall priority-setting and scoring processes involve the input of key stakeholders in attendance. Individuals and organizations attending the Town Halls were critically important to the success of the CHNA. The following list outlines partners invited to Town Hall: local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations and persons (or organizations serving them), people with chronic conditions, uninsured community members, low income residents, and minority groups.


Johnson County's Town Hall, sponsored on behalf of Shawnee Mission Medical Center, and was held over dinner on Tuesday November 13st, 2012 at Matt Ross Community Center, Overland Park KS. Vince Vandehaar, Shelley Mathews and Amanda Burian facilitated this 1 ½ hour session with over thirty required community attendees. (Note: a detail roster of Town Hall attendees is listed in Section V a.)

The following Town Hall agenda was conducted:


1. Welcome & Introductions
2. Review purpose for the CHNA Town Hall and roles in the process
3. Present / Review of historical County Health Indicators (10 TABS)
4. Facilitate Town Hall participant discussion of data (probe health strengths / concerns). Reflect on size and seriousness of any health concerns cited and discuss current community health strengths.
5. Engage Town Hall participants to rank health needs (using 4 dots to cast votes on priority issues). Tally & rank top community health concerns cited.
6. Close meeting by reflecting on the health needs / community voting results. Inform participants on "next steps".

At the end of each Town Hall session, VVW encouraged all community members to continue to contribute ideas to both hospital and health department leaders via email or personal conversations.

< NOTE: To review detail Town Hall discussion content, please turn to Section V for detail notes of session and activity card content reporting of open end comments.>



Community Health Needs Assessment
Johnson County KS Town Hall Meeting



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JOHNSON COUNTY
DEPARTMENT OF
Health & Environment

Trevor Wright, Chief Operating Officer **Lougene Marsh, Director**


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

- I. Opening/Introductions (10 min.)
- II. Review CHNA Purpose and Process (10 min.)
- III. Review Current County "Health Status"
Secondary data by 10 TAB categories
Primary Research JO CO SMMC surveys N= 626 (35 min.)
- IV. Collect Community Health Perspectives
Hold community voting activity: Determine MOST important health areas (30 min.)
- V. Close/Next Steps (5 min.)

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**Introduction:
Background and Experience**



Vince Vandehaar, MBA VVV Research & Development INC
Olathe KS 913 302-7264

Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
Focus: Strategy, Research, Deployment

Adjunct Professor – Marketing/Health Administration – 24+ years
Webster University (1988-present)
Rockhurst University (2010-present)

Past Experience: Tower Perrin Tillinghast, BCBSKC, Saint Luke's Health System

Amanda Burian, MBA Business Development Analyst
Shelley Mathews, MHA Business Development Analyst

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Town Hall Participation (You)

- ALL attendees welcome to share.
Parking Lot
- There are no right or wrong answers.
- Only one person speaks at a time.
- Please give truthful responses.
- Have a little fun along the way.

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I. Introductions: A conversation with the community. Community members and organizations invited to CHNA Town Hall

Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

Community leaders and groups: The hospital organization's board members, Local clergy and congregational leaders, Presidents or chairs of civic or service clubs – Chamber of Commerce, veterans' organizations, Lions, Rotary, etc., Representatives from businesses – owners/CEO's of large businesses (local or large corporations with local branches), Business people & merchants (e.g., who sell tobacco, alcohol, or other drugs), Representatives from organized labor, Political, appointed and elected officials., Foundations., United Way organizations. And other "community leaders."

Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators of housing programs: homeless shelters, low-income-family housing and senior housing, Education officials and staff - school superintendents, principals and teachers, Public safety officials, Staff from state and area agencies on aging, Law enforcement agencies - Chiefs of police, Local colleges and universities, Coalitions working on health or other issues.

Other providers: Physicians, Leaders in other not-for-profit health care organizations, such as hospitals, clinics, nursing homes and home-based and community-based services, Leaders from Catholic Charities and other faith-based service providers, Mental health providers, Oral health providers, Health insurers, Parish and congregational nursing programs, Other health professionals

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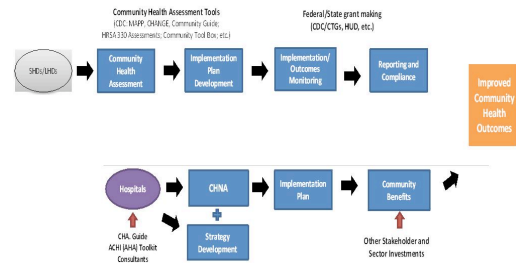
II. Review CHNA Purpose & Process Why conduct Community Health Needs Assessment ?

- To determine health-related trends and issues of the community.
- To understand/evaluate health delivery programs in place.
- To develop strategies to address unmet health needs.
- To meet Federal requirements – both local hospital and Health Department.

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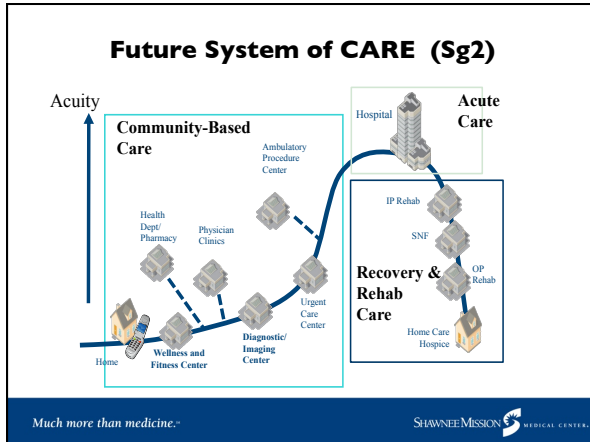


Community Health Needs Assessment Joint Process: Hospital & Health Department



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- ### Required Written Report IRS 990 Documentation
- A description of the community served
 - A description of the CHNA process
 - The identity of any and all organizations & third parties which collaborated to assist with the CHNA
 - A description of how the organization considered the input of persons representing the community (*e.g., through meetings, focus groups, interviews, etc.*), who those persons are, and their qualifications
 - A prioritized description of all of the community needs identified by the CHNA
 - A description of the existing health care facilities and other resources within the community available to meet the needs identified through the CHNA.
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- SHAWNEE MISSION MEDICAL CENTER

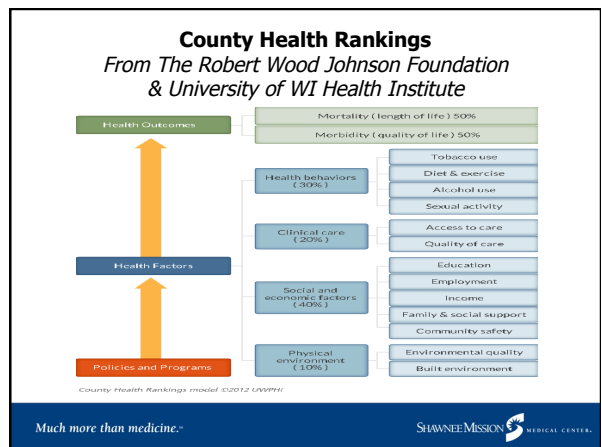
III. Review Current County "Health Status"

Secondary Data by 10 TAB Categories plus KS State Rankings

TAB 1. Demographic Profile
TAB 2. Economic/Business Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospitalization / Providers Profile
TAB 6. Behavioral Health Profile
TAB 7. Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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IV. Community Health Perspectives
Your Thoughts and Opinions?

1. **Tomorrow:** What is occurring or might occur that affects the health of our community?
2. **Today:** What are the **strengths** of our community that contribute to health?
3. **Today:** Are there health care services in your community/neighborhood that you feel need **to be improved and/or changed**?

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Have We Forgotten Anything?

- | | |
|--------------------------------|------------------------------------|
| a. Aging Services | m. Hospice |
| b. Chronic Pain Management | n. Hospital Services |
| c. Dental Care/Oral Health | o. Maternal, Infant & Child Health |
| d. Developmental Disabilities | p. Nutrition |
| e. Domestic Violence, | q. Pharmacy Services |
| f. Early Detection & Screening | r. Primary Health Care |
| g. Environmental Health | s. Public Health |
| h. Exercise | t. School Health |
| i. Family Planning | u. Social Services |
| j. Food Safety | v. Specialty Medical Care Clinics |
| k. Health Care Coverage | w. Substance Abuse |
| l. Health Education | x. Transportation |
| m. Home Health | y. Other _____ |

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Community Health Needs Assessment

Next Steps

Vince Vandelaar, MBA
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vv@VandelaarMarketing.com

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II. Methodology

d. Community Profile (a description of community served)

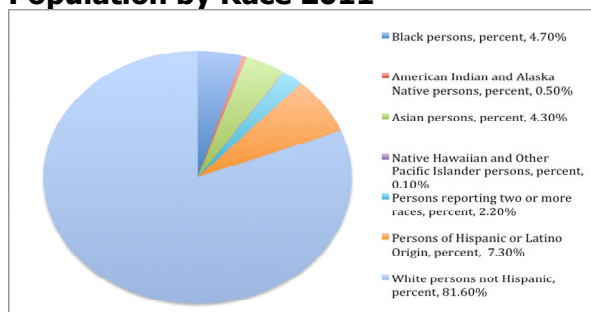
Johnson County KS Community Profile

Demographics

The population of Johnson County KS was estimated to be 552,991 in 2011, and had a 1.6% increase in population from 2010–2011.¹ SMMC's PSA represents 23 zips, with 20 located in Johnson County and 3 in Wyandotte County KS. *SMMC's underserved area represents 5 zip code areas i.e. 66202, 66203, 66101, 66102 and 66103.* The population for SMMC's PSA equals 351,992 (Yr 2011) with a 5 year growth rate of 5.3%. SMMC's underserved area equals 91,370 with a 5 year growth rate of only 1.9%. (Note: The following detail chart documents SMMC's PSA demographics per zip. SMMC's underserve area has 18.4% of all households making under \$15,000 per year versus 9.0% for all SMMC's PSA households.)

Johnson County KS covers 473.38 square miles and this area is home to Overland Park Arboretum and Botanical Gardens, Wonderscope Children's Museum of Kansas City, Deanna Rose Children's Farmstead, Johnson County Museum, Kansas City Jewish Museum of Contemporary Art, Johnson County Community College, and Mid-America Sports Complex.² The county has an overall population density of 1,149.6 persons per square mile, compared to the State average of 34.9 persons per square mile. The county is located in eastern Kansas and its economy is based on Educational, health and social services (18.9%), Professional, scientific, management, administrative, and waste management services (13.5%), Retail trade (12.0%), Finance, insurance, real estate, and rental and leasing (10.1%).³ The county was founded in 1855 and the county seat is Olathe.⁴

Population by Race 2011



The major highway transportation US Highway 69, US Highway 50, I-35 and I-435, Route 10. Air transportation includes New Century Aircenter, Hermon Farm Airport, Cedar Air Park and Gardner Municipal Airport

Homeownership in Johnson County (71.6%) is just slightly better than the state average (69.0%). Median price of an owner-occupied home in Johnson County is \$ 211,800 as compared to than the state median value of \$125,500.

Employment in Johnson County resulted in a median household income of \$74,761 from 2007-2011 versus the state median household income of \$50,594.⁵ As of October 2012 the average unemployment rate in Johnson was 4.8%.

¹ <http://quickfacts.census.gov/qfd/states/20/20121.html>

² <http://www.jocogov.org/discover>

³ http://www.city-data.com/county/Johnson_County-KS.html#ixzz2ETvrb552

⁴ http://en.wikipedia.org/wiki/Johnson_County,_Kansas

⁵ <http://quickfacts.census.gov/qfd/states/20/20179.html>

Detail Demographic Profile - SMMC PSA Z=23

#	ZIP	NAME	County	Population:			Households		HH	Per Capita
				Yr2011	Yr2016	Chg	Yr2011	Yr2016	Size	Income 11
1	66101	KANSAS CITY	WYANDOTTE	13,273	13,192	-0.6%	4,743	4,632	2.7	\$11,751
2	66102	KANSAS CITY	WYANDOTTE	27,840	28,375	1.9%	9,183	9,228	3.0	\$13,270
3	66103	KANSAS CITY	WYANDOTTE	14,021	13,839	-1.3%	6,120	6,018	2.3	\$16,996
4	66202	MISSION	JOHNSON	16,364	17,244	5.4%	8,138	8,612	2.0	\$31,317
5	66203	SHAWNEE	JOHNSON	19,872	20,446	2.9%	8,551	8,819	2.3	\$26,845
6	66204	OVERLAND PARK	JOHNSON	18,552	19,721	6.3%	8,705	9,266	2.1	\$29,470
7	66205	MISSION	JOHNSON	13,362	14,408	7.8%	6,163	6,659	2.2	\$37,599
8	66206	LEAWOOD	JOHNSON	10,371	10,967	5.7%	4,220	4,428	2.4	\$42,979
9	66207	OVERLAND PARK	JOHNSON	13,315	14,211	6.7%	5,541	5,959	2.4	\$40,018
10	66208	PRAIRIE VILLAGE	JOHNSON	20,779	22,124	6.5%	9,140	9,756	2.3	\$42,211
11	66210	OVERLAND PARK	JOHNSON	18,540	19,241	3.8%	8,550	8,945	2.2	\$43,347
12	66212	OVERLAND PARK	JOHNSON	31,739	33,994	7.1%	14,160	15,225	2.2	\$31,194
13	66214	OVERLAND PARK	JOHNSON	11,078	11,468	3.5%	4,923	5,112	2.2	\$32,081
14	66215	LENEXA	JOHNSON	24,830	25,725	3.6%	10,449	10,912	2.3	\$36,089
15	66216	SHAWNEE	JOHNSON	25,321	27,014	6.7%	9,509	10,244	2.6	\$35,210
16	66217	SHAWNEE	JOHNSON	4,709	4,946	5.0%	2,041	2,171	2.3	\$44,934
17	66218	SHAWNEE	JOHNSON	8,030	8,926	11.2%	2,558	2,812	3.1	\$33,376
18	66219	LENEXA	JOHNSON	10,318	11,323	9.7%	4,300	4,737	2.4	\$40,647
19	66220	LENEXA	JOHNSON	7,395	8,477	14.6%	2,496	2,838	3.0	\$49,923
20	66226	SHAWNEE	JOHNSON	12,913	13,724	6.3%	4,071	4,294	3.2	\$32,249
21	66227	LENEXA	JOHNSON	4,664	5,123	9.8%	1,786	1,959	2.6	\$34,070
22	66211	LEAWOOD	JOHNSON	4,706	5,012	6.5%	2,334	2,539	2.0	\$61,203
23	66018	DE SOTO	JOHNSON	5,969	6,119	2.5%	2,110	2,168	2.8	\$26,256
Underserved Area Totals -SMMC PSA				91,370	93,096	1.9%	36,735	37,309	2.5	\$20,036
Totals -SMMC PSA				331,992	349,500	5.3%	137,681	145,165	2.4	\$34,854

#	ZIP	NAME	County	Population 2011:			Age1530			Females
				Yr2011	POP65p	%	GenX	MALES	FEMALES	Age20_35
1	66101	KANSAS CITY	WYANDOTTE	13273	1183	8.9%	4031	6731	6542	1880
2	66102	KANSAS CITY	WYANDOTTE	27840	2085	7.5%	8620	14036	13804	4046
3	66103	KANSAS CITY	WYANDOTTE	14021	898	6.4%	5593	7298	6723	2712
4	66202	MISSION	JOHNSON	16364	2141	13.1%	5569	7844	8520	3028
5	66203	SHAWNEE	JOHNSON	19872	2999	15.1%	5472	9596	10276	2848
6	66204	OVERLAND PARK	JOHNSON	18552	2394	12.9%	6403	8811	9741	3403
7	66205	MISSION	JOHNSON	13362	1833	13.7%	3860	6395	6967	2139
8	66206	LEAWOOD	JOHNSON	10371	2049	19.8%	1582	4971	5400	844
9	66207	OVERLAND PARK	JOHNSON	13315	3022	22.7%	2566	6330	6985	1219
10	66208	PRAIRIE VILLAGE	JOHNSON	20779	3516	16.9%	5104	9698	11081	2711
11	66210	OVERLAND PARK	JOHNSON	18540	2105	11.4%	5555	8950	9590	2827
12	66211	LEAWOOD	JOHNSON	4706	1299	27.6%	851	2176	2530	394
13	66212	OVERLAND PARK	JOHNSON	31739	5332	16.8%	9133	15217	16522	4626
14	66214	OVERLAND PARK	JOHNSON	11078	1452	13.1%	3499	5383	5695	1730
15	66215	LENEXA	JOHNSON	24830	3948	15.9%	6656	11851	12979	3269
16	66216	SHAWNEE	JOHNSON	25321	3154	12.5%	5825	12269	13052	2806
17	66217	SHAWNEE	JOHNSON	4709	627	13.3%	1164	2274	2435	606
18	66218	SHAWNEE	JOHNSON	8030	371	4.6%	1761	4013	4017	1152
19	66219	LENEXA	JOHNSON	10318	461	4.5%	3428	5016	5302	1812
20	66220	LENEXA	JOHNSON	7395	482	6.5%	1347	3714	3681	848
21	66226	SHAWNEE	JOHNSON	12913	588	4.6%	2758	6475	6438	1743
22	66227	LENEXA	JOHNSON	4664	486	10.4%	983	2308	2356	610
23	66018	DE SOTO	JOHNSON	5969	642	10.8%	1484	3004	2965	662
Underserved Area Totals -SMMC PSA				91,370	9,306	10.2%	29,285	45,505	45,865	14,514
Totals -SMMC PSA				331,992	42,425	12.8%	91,760	161,356	170,636	47,253

Detail Demographic Profile - SMMC PSA Z=23

#	ZIP	NAME	County	Population 2011:				Hholds Yr2011	Average HH Inc11	HH % Under 15k
				White	Black	Hisp	ASIAN			
1	66101	KANSAS CITY	WYANDOTTE	4772	4567	5706	472	4743	\$30,641	40.6%
2	66102	KANSAS CITY	WYANDOTTE	12314	6601	12964	1073	9183	\$39,857	22.5%
3	66103	KANSAS CITY	WYANDOTTE	8067	1887	5282	537	6120	\$38,938	22.1%
4	66202	MISSION	JOHNSON	13782	918	1692	518	8138	\$62,812	8.0%
5	66203	SHAWNEE	JOHNSON	16688	1174	2561	369	8551	\$61,590	9.0%
6	66204	OVERLAND PARK	JOHNSON	15057	1112	2540	519	8705	\$61,915	7.5%
7	66205	MISSION	JOHNSON	12144	309	1034	213	6163	\$81,481	5.8%
8	66206	LEAWOOD	JOHNSON	9980	62	202	147	4220	\$105,054	4.1%
9	66207	OVERLAND PARK	JOHNSON	12458	231	468	286	5541	\$95,428	4.5%
10	66208	PRAIRIE VILLAGE	JOHNSON	19897	187	716	255	9140	\$95,489	4.7%
11	66210	OVERLAND PARK	JOHNSON	15463	974	1042	1287	8550	\$93,583	5.3%
12	66211	LEAWOOD	JOHNSON	4344	105	108	154	2334	\$121,509	2.9%
13	66212	OVERLAND PARK	JOHNSON	26223	2038	3411	1025	14160	\$69,762	7.9%
14	66214	OVERLAND PARK	JOHNSON	8701	936	1482	391	4923	\$72,007	7.8%
15	66215	LENEXA	JOHNSON	20917	1433	2345	722	10449	\$84,731	4.3%
16	66216	SHAWNEE	JOHNSON	21436	1572	1649	1004	9509	\$92,951	6.1%
17	66217	SHAWNEE	JOHNSON	4093	304	222	105	2041	\$103,053	2.3%
18	66218	SHAWNEE	JOHNSON	7183	262	379	310	2558	\$104,773	1.3%
19	66219	LENEXA	JOHNSON	8560	808	512	436	4300	\$97,533	3.2%
20	66220	LENEXA	JOHNSON	6769	127	221	311	2496	\$147,910	0.2%
21	66226	SHAWNEE	JOHNSON	11742	399	555	318	4071	\$102,293	3.3%
22	66227	LENEXA	JOHNSON	4227	98	180	203	1786	\$88,972	7.7%
23	66018	DE SOTO	JOHNSON	5384	40	799	30	2110	\$73,715	7.2%
Underserved Area Totals -SMMC PSA				55,623	15,147	28,205	2,969	36,735	\$46,768	18.4%
Totals -SMMC PSA				264,817	26,104	45,271	10,655	137,681	\$84,195	9.0%

Source: ERSA Demographics

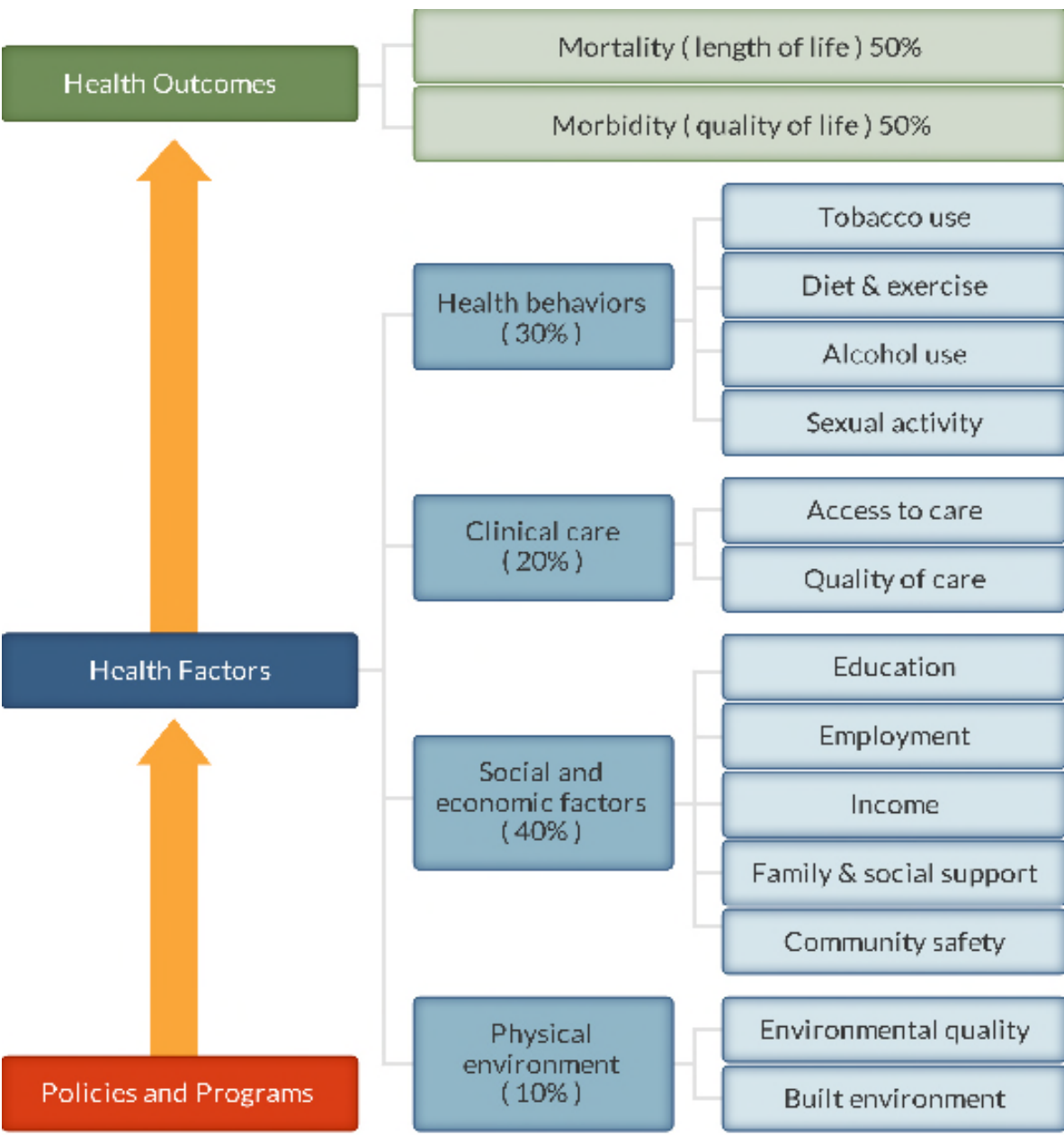
III. Community Health Status

[SMMC community Health Needs Assessment]

II. Community Health Status
a. Historical Health Statistics

Health Status Profile –Johnson County KS (SMMC PSA)

This section of the CHNA reviews published quantitative community health indicators and results of our recent CHNA Town Hall. To produce this profile, VVW Research & Development staff analyzed data from multiple sources. This analysis focuses on a set of published health indicators organized by ten areas of focus (10 TABS), results from the 2012 County Health Rankings and conversations from Town Hall primary research. (Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below in model, these rankings are based on a number of health factors.)



2012 State Health Rankings

County Health Rankings					
#	KS Rank of 105 counties	Definitions	Johnson County	Trend	Big 6 KS Norm
1	Physical Environment	Environmental quality (Air/Water quality, Foods etc)	63		77
2	Health Factors		1		44
a	Clinical Care	Access to care / Quality of Care	1		18
b	Social & Econ Factors	Education, Employment, Income, Family/Social support, Community Safety	1		59
3	Health Outcomes		2		41
a	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	1		36
b	Morbidity	Quality of life	11		49
c	Mortality	Length of life	4		40
http://www.countyhealthrankings.org					
Big 6 KS Norm: Johnson, Wyandotte, Douglas, Shawnee, Riley and Sedgwick counties.					

Primary Research Findings

SMMC also requested primary research to be conducted. In September of 2012, 3000 SMMC PSA area households were randomly selected to participate in either an online and/or mail CHNA survey. (Note: Of the 3000 SMMC PSA households were selected, 606 replies with 437 living in SMMC PSA.

CHNA Returns by zip	ZIP	SMMC PSA		Total CHNA N=606	%	County
		HHolds 11	Sent	Replies	%	
CHNA Survey Totals -		139791	3000	437	14.6%	
MISSION	66202	8138	175	24	13.7%	JOHNSON
SHAWNEE	66203	8551	180	36	20.0%	JOHNSON
OVERLAND PARK	66204	8705	189	44	23.3%	JOHNSON
MISSION	66205	6163	136	11	8.1%	JOHNSON
LEAWOOD	66206	4220	90	10	11.1%	JOHNSON
OVERLAND PARK	66207	5541	121	14	11.5%	JOHNSON
PRAIRIE VILLAGE	66208	9140	199	27	13.6%	JOHNSON
OVERLAND PARK	66210	8550	182	19	10.4%	JOHNSON
LEAWOOD	66211	2334	52	7	13.5%	JOHNSON
OVERLAND PARK	66212	14160	310	64	20.6%	JOHNSON
OVERLAND PARK	66214	4923	104	12	11.5%	JOHNSON
LENEXA	66215	10449	222	41	18.5%	JOHNSON
SHAWNEE	66216	9509	209	43	20.6%	JOHNSON
SHAWNEE	66217	2041	44	5	11.3%	JOHNSON
SHAWNEE	66218	2558	57	9	15.7%	JOHNSON
LENEXA	66219	4300	96	9	9.3%	JOHNSON
LENEXA	66220	2496	58	11	19.0%	JOHNSON
SHAWNEE	66226	4071	87	18	20.6%	JOHNSON
LENEXA	66227	1786	40	11	27.6%	JOHNSON
DE SOTO	66018	2110	44	3	6.8%	JOHNSON
KANSAS CITY	66101	4743	94	8	8.5%	WYANDOTTE
KANSAS CITY	66102	9183	188	6	3.2%	WYANDOTTE
KANSAS CITY	66103	6120	123	5	4.1%	WYANDOTTE

Following are key question findings regarding public feelings & opinions toward health delivery and the need for further health education/services in SMMC primary services area. Each table reports scores for SMMC PSA, Johnson/Wyandotte counties in general and a baseline CHNA norm from other 2012 VV clients. As seen below overall community health scores are very high for SMMC PSA i.e. 93.3% (top 2 boxes Very Good / Good scores) to CHNA Norm (82.5%).

Community Healthcare Needs Assessment 2012									
In general, how would you rate the overall quality of the healthcare delivered to your community?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	SMMC U_Serve (Z=5) N=87	%	Trend
Very Good	950	34.3%	319	51.0%	238	52.9%	39	47.0%	
Good	1335	48.2%	273	43.6%	191	42.4%	39	47.0%	
Fair	404	14.6%	29	4.6%	17	3.8%	4	4.8%	
Poor	69	2.5%	3	0.5%	2	0.4%	1	1.2%	
Very Poor	13	0.5%	2	0.3%	2	0.4%	0	0.0%	
Totals	2771		626	100.0%	450	100.0%	83	100.0%	

Community Healthcare Needs Assessment	Poor / Very Poor %				Trend
How satisfied are you with each of the following . . . ?	NORM CHNA N=2891	Total CHNA N=606	SMMC PSA N=469	SMMC U_Serve (Z=5) N=87	
a) Ambulance Service	3.0%	0.6%	0.8%	0.0%	
b) Child Care	11.2%	2.2%	2.3%	2.2%	
c) Chiropractor	3.8%	3.6%	2.8%	2.2%	
d) Dentists	7.8%	1.7%	1.4%	2.6%	
e) Emergency Room	7.1%	3.0%	2.8%	5.4%	
f) Eye Doctor / Optometrist	3.7%	1.8%	1.4%	3.9%	
g) Family Planning Services	10.4%	4.0%	3.2%	0.0%	
h) Home Health	7.8%	3.2%	2.4%	0.0%	
i) Hospice	6.1%	2.0%	1.9%	2.6%	
j) Inpatient Services	5.0%	0.7%	0.9%	0.0%	
k) Mental Health Services	20.4%	10.1%	9.9%	12.2%	
l) Nursing Home	13.5%	7.8%	7.1%	5.7%	
m) Outpatient Services	3.5%	1.5%	1.6%	1.4%	
n) Pharmacy	2.0%	1.3%	1.1%	0.0%	
o) Primary Care	4.4%	1.7%	1.4%	0.0%	
p) Public Health Department	4.8%	4.3%	0.0%	3.9%	
q) School Nurse	7.1%	3.2%	2.3%	0.0%	
r) Specialist Physician care	8.3%	2.1%	2.1%	4.3%	

Community Healthcare Needs Assessment 2012	Poor / Very Poor %			
How satisfied are you with each of the following . . . ?	NORM CHNA N=2891	Total CHNA N=606	SMMC PSA N=469	Trend
a) Ambulance Service	3.0%	0.6%	0.8%	
b) Child Care	11.2%	2.2%	2.3%	
c) Chiropractor	3.8%	3.6%	2.8%	
d) Dentists	7.8%	1.7%	1.4%	
e) Emergency Room	7.1%	3.0%	2.8%	
f) Eye Doctor / Optometrist	3.7%	1.8%	1.4%	
g) Family Planning Services	10.4%	4.0%	3.2%	
h) Home Health	7.8%	3.2%	2.4%	
i) Hospice	6.1%	2.0%	1.9%	
j) Inpatient Services	5.0%	0.7%	0.9%	
k) Mental Health Services	20.4%	10.1%	9.9%	
l) Nursing Home	13.5%	7.8%	7.1%	
m) Outpatient Services	3.5%	1.5%	1.6%	
n) Pharmacy	2.0%	1.3%	1.1%	
o) Primary Care	4.4%	1.7%	1.4%	
p) Public Health Department	4.8%	4.3%	0.0%	
q) School Nurse	7.1%	3.2%	2.3%	
r) Specialist Physician care	8.3%	2.1%	2.1%	

Community Healthcare Needs Assessment 2012	Poor / Very Poor %			
How well do you feel our local health care providers are doing in addressing the health needs of the following age groups?	NORM CHNA N=2891	Total CHNA N=606	SMMC PSA N=469	Trend
Infants	6.6%	1.1%	0.6%	
Age 1 - 12	5.3%	1.3%	1.2%	
Age 13 -17	5.8%	1.7%	1.9%	
Age 18 - 44	5.6%	1.5%	1.4%	
Age 45 - 64	6.2%	2.4%	2.7%	
Age 65 - 84	9.3%	4.9%	6.0%	
Over 85	11.7%	7.8%	10.5%	

Community Healthcare Needs Assessment 2012

In your opinion, what areas need additional education or attention in our community? (Check all that apply)	CHNA 2012 NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	SMMC U_Serve (Z=5) N=87	%	Trend
a) Abuse / Violence	1020	5.3%	235	5.6%	202	5.9%	39	5.8%	
b) Aging (Dementia)	1192	6.2%	247	5.9%	215	6.3%	41	6.1%	
c) Alcohol	1152	6.0%	184	4.4%	154	4.5%	28	4.2%	
d) Alternative Medicine	648	3.4%	174	4.2%	139	4.1%	25	3.7%	
e) Child Care	642	3.3%	94	2.3%	74	2.2%	17	2.5%	
f) Chronic Diseases	669	3.5%	154	3.7%	122	3.6%	30	4.5%	
g) Family Planning / Birth Control	698	3.6%	154	3.7%	121	3.5%	26	3.9%	
h) Lead Exposure	178	0.9%	34	0.8%	26	0.8%	6	0.9%	
i) Mental Illness	890	4.6%	231	5.5%	195	5.7%	38	5.7%	
j) Neglect	585	3.0%	123	2.9%	99	2.9%	19	2.8%	
k) Nutrition	1089	5.7%	265	6.3%	216	6.3%	41	6.1%	
l) Obesity	1642	8.6%	359	8.6%	299	8.8%	59	8.8%	
m) Ozone	123	0.6%	49	1.2%	38	1.1%	8	1.2%	
n) Pain Management	717	3.7%	125	3.0%	98	2.9%	20	3.0%	
o) Poverty	745	3.9%	172	4.1%	141	4.1%	31	4.6%	
p) Preventative Healthcare	1074	5.6%	280	6.7%	228	6.7%	38	5.7%	
q) Sexually Transmitted Diseases	498	2.6%	120	2.9%	91	2.7%	23	3.4%	
r) Suicide	770	4.0%	160	3.8%	129	3.8%	24	3.6%	
s) Teen Pregnancy	972	5.1%	164	3.9%	128	3.8%	25	3.7%	
t) Tobacco Use	949	4.9%	177	4.2%	145	4.2%	35	5.2%	
u) Uninsured	919	4.8%	235	5.6%	195	5.7%	37	5.5%	
v) Vaccinations	435	2.3%	108	2.6%	81	2.4%	10	1.5%	
w) Water Quality	546	2.8%	60	1.4%	49	1.4%	11	1.6%	
x) Wellness Education	915	4.8%	237	5.7%	199	5.8%	39	5.8%	
Other (please specify)	278	1.4%	33	0.8%	28	0.8%	2	0.3%	
TOTALS	19181	100.0%	4174	100.0%	3412	100.0%	672	100.0%	

Community Healthcare Needs Assessment 2012

how would you rate your overall health in general now?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Much better than a year ago	332	12.7%	73	13.4%	60	13.0%	
About the same	2184	83.6%	456	83.8%	389	84.0%	
Much Worse than a year ago	98	3.7%	15	2.8%	14	3.0%	
Totals	2614	100.0%	544	100.0%	463	100.0%	

Are you. . .?	CHNA NORM N=2891	% Yes	Total CHNA N=606	% Yes	SMMC PSA N=469	% Yes	Trend
Eating right daily (fruits/vegs/breads)	2210	70.2%	376	69.1%	332	71.7%	
Using tobacco products weekly	1487	10.5%	34	6.7%	31	6.7%	
Exercising 2-3 times weekly	2182	67.9%	366	67.5%	322	69.4%	
Excessive Alcohol Consumption	1443	2.1%	45	8.6%	44	9.5%	
Receiving an annual flu shot	426	78.5%	426	78.5%	356	76.4%	

Do you follow these health practices?	CHNA NORM N=2891	% Yes	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
If over 50, have you had a colonoscopy?	1433	70.8%	245	78.8%	224	79.7%	
If male over 50, do you have annual prostate exams?	600	67.7%	70	72.2%	68	73.1%	
If female over 40, do you have annual mammograms?	1485	79.4%	277	82.0%	240	81.9%	
If female, do you have a pap smear every other year?	1719	73.0%	349	84.3%	285	82.8%	
Do you get 2 1/2 hours a week of moderately intense physical activity?	2109	63.4%	352	65.5%	307	67.2%	

Community Healthcare Needs Assessment 2012							
Over the past 2 years, did you or your household receive health care services outside of your county?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Yes	1418	52.8%	147	25.6%	119	25.5%	
No	1266	47.2%	427	74.4%	347	74.5%	
Totals	2684		574	100.0%	466	100.0%	
Does our community need any additional healthcare providers?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Yes (See detail Section V)	1272	56.4%	171	34.1%	142	34.0%	
No	983	43.6%	330	65.9%	276	66.0%	
Totals	2255		501	100.0%	418	100.0%	

Community Healthcare Needs Assessment 2012

Does your household have a provider you use for primary care?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Yes (See detail Section V)	2261	87.8%	473	88.1%	407	89.1%	
No	315	12.2%	64	11.9%	50	10.9%	
Totals	2576		537	100.0%	457	100.0%	

Have you had a physical in the past 12 months?	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Yes	2012	77.7%	442	81.3%	372	80.3%	
No	579	22.3%	102	18.8%	91	19.7%	
Totals	2591		544	100.0%	463	100.0%	

In general, how would you best describe your health? (Choose one)	CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%	Trend
Very Good	646	24.6%	182	33.4%	165	35.6%	
Good	1527	58.1%	306	56.1%	252	54.3%	
Fair	388	14.8%	47	8.6%	37	8.0%	
Poor	53	2.0%	7	1.3%	7	1.5%	
Very Poor	12	0.5%	3	0.6%	3	0.6%	
Totals	2626		545	100.0%	464	100.0%	

Secondary Research

When considering the state of community health, it's important to review published health data by topic area. Below is a summary of key TABS of information collected:

Tab 1 Demographic Profile

#	Population History - Vital Statistics	% Change 2006-2010	YR 2006	YR 2007	YR 2008	YR 2009	YR 2010
1	Johnson County Population	5.4%	516,285	525,938	535,000	542,737	544,179

#	People QuickFacts	Johnson Co	Trend	State of KS	Big 6 KS
1	Population, 2010	544,179		2,853,118	259,987
2	Persons under 5 years, percent, 2010	7.0%		7.1%	7.1%
3	Persons under 18 years, percent, 2010	26.0%		25.2%	23.7%
4	Persons 65 years and over, percent, 2010	11.2%		13.3%	10.8%
5	Female, percent, 2010	51.1%		50.3%	50.2%
6	White persons, percent, 2010 (a)	88.2%		87.4%	82.0%
7	Black persons, percent, 2010 (a)	4.7%		6.1%	9.8%
8	Persons of Hispanic or Latino origin, percent, 2010 (b)	7.3%		10.8%	11.8%
9	Persons per square mile, 2010	1150		35	563
10	Living in same house 1 year & over,	84.0%		82.2%	78.4%
11	Foreign born persons, percent, 2006-2010	7.9%		6.3%	7.8%

Detail Demographic Profile - SMMC PSA Z=23											
			Population:						Population:		
#	ZIP	NAME	Yr2011	Yr2016	Chg	#	ZIP	NAME	Yr2011	Yr2016	Chg
Totals -SMMC PSA			222,650	234,243	5.2%	12	66219	LENEXA	10,318	11,323	9.7%
1	66216	SHAWNEE	25,321	27,014	6.7%	13	66207	OVERLAND PARK	13,315	14,211	6.7%
2	66212	OVERLAND PARK	31,739	33,994	7.1%	14	66218	SHAWNEE	8,030	8,926	11.2%
3	66203	SHAWNEE	19,872	20,446	2.9%	15	66210	OVERLAND PARK	18,540	19,241	3.8%
4	66204	OVERLAND PARK	18,552	19,721	6.3%	16	66220	LENEXA	7,395	8,477	14.6%
5	66215	LENEXA	24,830	25,725	3.6%	17	66103	KANSAS CITY	14,021	13,839	-1.3%
6	66202	MISSION	16,364	17,244	5.4%	18	66217	SHAWNEE	4,709	4,946	5.0%
7	66208	PRAIRIE VILLAGE	20,779	22,124	6.5%	19	66227	LENEXA	4,664	5,123	9.8%
8	66226	SHAWNEE	12,913	13,724	6.3%	20	66018	DE SOTO	5,969	6,119	2.5%
9	66214	OVERLAND PARK	11,078	11,468	3.5%	21	66206	LEAWOOD	10,371	10,967	5.7%
10	66102	KANSAS CITY	27,840	28,375	1.9%	22	66101	KANSAS CITY	13,273	13,192	-0.6%
11	66205	MISSION	13,362	14,408	7.8%	23	66211	LEAWOOD	4,706	5,012	6.5%

Tab 1 Demographic Profile (Con't)

#	Indicator http://www.countyhealthrankings.org	Johnson Co	Trend	State of KS	Big 6 KS
1	Children in single-parent households	20%		28%	31%
#	KansasHealthMatters.org Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Homeownership rate, 2006-2010	71.9%		69.4%	61.0%
2	Median value of owner-occupied housing units, 2006-2010	\$209,900		\$122,600	\$145,233
3	Households, 2006-2010	210,278		1,101,672	99,861
4	Persons per household, 2006-2010	2.5		2.5	2.5
5	Per capita money income in past 12 months (2010 dollars) 2006-2010	\$37,882		\$25,907	\$25,427
6	Median household income, 2009	\$73,733		\$49,424	\$48,773
7	People Living Below Poverty Level (%)	5.5%		12.4%	16.6%
8	People Living 200% Above Poverty Level (%)	84.4%		68.8%	65.5%
9	People 65+ Living Below Poverty Level (%)	4.9%		8.1%	7.7%
10	People 65+ Living Alone (%)	29.3%		30.1%	31.3%

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report

Tab 2 Economic Profile

#	Business QuickFacts www.healthmatters.com	Johnson Co	Trend	State of KS	Big 6 KS
1	Private nonfarm establishments, 2009	16,873		74,301	40,571
2	Private nonfarm employment, 2009	294,276		1,127,160	718,148
3	Private nonfarm employment, percent change 2000-2009	4.1%		-0.1%	0.6%
4	Nonemployer establishments, 2009	44,380		183,642	99,819
5	Total number of firms, 2007	57,046		237,040	130,699
6	Households with Public Assistance (%)	1.5%		2.3%	2.4%
7	Homeownership (%)	71.9%		62.6%	55.9%
8	Foreclosure Rate (%)	2.0%		3.5%	3.4%
	http://www.countyhealthrankings.org	Johnson Co	Trend	State of KS	Big 6 KS
1	Unemployment %	5.30%		6.20%	6.6%
#	HealthMatters.com Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Average Monthly WIC Caseload (per 1,000 pop)	12.9		29.1	30.9
2	Rate of Violent Crime (per 1,000 population)	1.8		4.0	4.6
3	Liquor Store Density (per 1,000 population)	17.5		21.8	21.5
4	Low-Income and >1 Mile from Grocery Store	2.2%		n/a	9.57%
5	Households without a Vehicle (%)	3.1%		5.2%	5.8%
6	Families Living Below Poverty Level (%)	3.6%		8.4%	10.2%
7	Children Living Below Poverty Level (%)	7.1%		16.2%	18.1%

Tab 3 Public Schools Health Delivery Profile. Currently school districts are providing on site primary health screenings and basic care.

#	Indicators	Shawnee Mission	Blue Valley	Desoto	
1	Total # Public School Nurses	47	37	13	
2	School Nurse is part of the IEP team	yes	yes	Yes	
3	School Wellness Plan (Active)	yes	yes	Yes	
4	VISION: # Screened / Referred to Prof / Seen by Professional	18021/2345/NA	kdg-2,4,5,7,9,11th grade-14,500-still screening	3350/335/67	
5	HEARING: # Screened / Referred to Prof / Seen by Professional	16402/451/NA	same as above-except 4th grade still screening, 12,500	3377/6/0	
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	5502/130/NA	Dental card returned from own dentist-	3524/all but 1 school	
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	Not recommended	Not recommended	Not recommended	
8	# of Students served with NO identified chronic health concerns	NA	14,200	4988	
9	School has a suicide prevention program	yes	yes	Yes	
10	Compliance on required vaccinations (%)	99%	98%	93%	
#	KansasHealthmatters.org Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Student-to-Teacher Ratio (% Student / Teacher)	15.2%		13.7%	15.1%
2	Students Eligible for the Free Lunch Program (%)	15.5%		47.4%	35.9%
3	Poverty Status by School Enrollment (%)	5.3%		n/a	11.8%

TAB 4 Maternal and Infant Health Profile. Tracking maternal & infant care patterns are vital in understanding the foundation of family health.

	Indicator http:// www.countyhealthrankings.org	Johnson	Trend	State of KS	Big 6 KS
1	Low birthweight	6.3%		7.2%	7.1%
#	Vital Statistics: Maternal and Infant Health Profile, 2010	Johnson	Trend	State of KS	Big 6 KS
1	Total Live Births, 2006	7,722		40,896	3,910
2	Total Live Births, 2007	7,904		41,951	4,004
3	Total Live Births, 2008	7,843		41,815	3,976
4	Total Live Births, 2009	7,656		41,388	3,927
5	Total Live Births, 2010	7,390		40,439	3,847
6	Total Live Births, 2006-2010 - Five year Rate (%)	14.4%		14.7%	15.2%
8	Percent Premature (<37 weeks)	8.4%		8.7%	9.0%
9	Births with Prenatal Care in First 3 Months	87.2%		75.1%	76.0%
10	Percentage of Mothers Who Initiate Breastfeeding	85.8%		77.2%	78.9%
11	Mothers Who Smoke Any Time During Pregnancy	5.8%		14.6%	12.9%

Source: Kansas Department of Health, 2010 http://kic.kdhe.state.ks.us/kic/birth_table.html

TAB 5 Hospitalization/Provider Profile Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

#	KansasHealthMatters.org Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Injury Hospital Admission Rate (per 100,000 pop) 2007-2009	873.0		546.3	898.0
2	Heart Disease Hospital Admission Rate (per 100,000 Pop) 2007-2009	315.2		625.6	373.1
3	Congestive Heart Failure Hospital Admission Rate (per 100,000 Pop) 2007-2009	182.69		308.1	202.0
4	Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate (per 100,00) 2007-2009	90.8		189.3	119.4
5	Bacterial Pneumonia Hospital Admission Rate (per 100,000) 2007-2009	203.9		372.2	209.5
7	Ratio of Population to Primary Care Physicians (Pop per Physician)	2076		1751	4581
8	Staffed Hospital Bed Ratio (per 1,000 Pop) 2009	2.5		3.5	3.2

	Indicator http:// www.countyhealthrankings.org	Johnson Co	Trend	KS	Big 6 KS
1	Preventable hospital stays	59		70	54

TAB 5 Hospitalization/Provider Profile (Continue)

#	KS Hospital Assoc PO103	Johnson County KS (Total)			
		FFY2009	FFY2010	FFY2011	Trend
1	Total Discharges	52,213	53,074	52,822	
2	Total IP Discharges-Age 0-17	2,807	2,729	2,693	
3	Total IP Discharges-Age 18-29	5,280	5,199	5,125	
4	Total IP Discharges-Age 30-44	9,663	9,961	10,115	
5	Total IP Discharges-Age 45-64	5,462	5,652	5,715	
6	Total IP Discharges-Age 65+	11,325	11,634	12,058	
7	Psychiatric	2,277	2,640	2,579	
8	Obstetric	7,906	7,824	7,295	
9	Newborn	7,493	7,435	7,242	
10	Surgical %	26.6%	26.7%	25.9%	

#	Kansas Hospital Assoc PO101	SMMC			
		FFY2009	FFY2010	FFY2011	Trend
1	Total Discharges	23097	24033	23932	
2	Total IP Discharges-Age 0-17	53	49	31	
3	Total IP Discharges-Age 18-29	2312	2233	2297	
4	Total IP Discharges-Age 30-44	4469	4712	4735	
5	Total IP Discharges-Age 45-64	2359	2411	2408	
6	Total IP Discharges-Age 65+	4273	4209	4286	
7	Psychiatric	2128	2317	2254	
8	Obstetric	3900	4176	4094	
9	Newborn	3603	3926	3827	
10	Surgical %	27.0%	27.1%	26.9%	

Source: KHA PO101

#	KHA OP TOT223E	FFY 2011	Total OP	ER	OP Surg	Trend
1	Total SMMC Outpatients		139047	52132	15083	
2	Johnson County KS SMMC Patients		95148	34423	8433	

TAB 6 Social & Rehab Services Profile. Behavioral health and rehabilitation care provide another important indicator of community health status. Below is a summary of the previous 3 years assistance:

	Johnson County						Trend
Source: Kansas Dept of	Persons Served			Annual Service Dollars			
Social & Rehab Services	FY 2009	FY 2010	FY 2011	FY 2009	FY 2010	FY 2011	
Substance Abuse (PIHP)	246	359	333	\$440,031	\$599,583	\$ 678,118	
Mental Health (PAHP)	3,800	4,110	4,476	\$8,515,086	\$8,689,114	\$9,874,655	
Major Services (Average per Month)							
Temporary Assistance for Families	2,136	2,635	2,786	\$3,335,559	\$3,784,053	\$4,004,812	
Child Care Assistance	2,096	2,039	2,168	\$10,929,024	\$11,332,762	\$11,195,415	
Food Assistance	13,996	18,378	21,932	\$18,060,619	\$27,517,590	\$33,068,544	
Energy Assistance (persons)	6,207	7,119	9,245	\$1,742,168	\$1,282,538	\$2,154,327	

TAB 7 Health Risk Profiles. Knowing community health risk factors and disease patterns can aid in the understanding “next steps” to improve health. Being overweight/obese; smoking, drinking in excess, not exercising etc can lead to poor health.

	Indicator http://www.countyhealthrankings.org	Johnson Co	Trend	KS	Big 6 KS
1	Adult obesity	24%		30.0%	30%
2	Adult smoking	14%		18.0%	18%
3	Excessive drinking	18%		15.0%	17%
1	Inadequate social support	12%		16.0%	16%
4	Physical inactivity	17%		24.0%	23%
2	Poor mental health days	2.4		2.8	2.9
3	Poor physical health days	3.4		3.0	3.2
#	HealthMatters.com Categories	Johnson	Trend	KS	Big 6 KS
1	Increased Lead Risk in Housing Rate (%)	7.8%		NA	19.4%
2	Percentage of Adults Who are Binge Drinkers (%)	16.7%		14.5%	15.3%
3	Percentage of Adults Who are Obese (%)	22.0%		28.8%	27.3%
4	Percentage of Adults Who Currently Smoke Cigarettes (%)	12.4%		17.8%	17.4%
#	HealthMatters.com Categories	Johnson	Trend	KS	Big 6 KS
1	Age-Adjusted Years of Potential Life Lost - Suicide	434.4		467.1	465.2
2	Age-Adjusted Years of Potential Life Lost - Traffic Injury	220.9		546.9	337.1
3	Age-Adjusted Years of Potential Life Lost - Unintentional Injuries (Yrs p/ 100,000 Pop)	522.2		1106.2	868.8

TAB 8 Uninsured Profiles. Based on synthetic estimations, the number of insured is documented below. Also, the amount of charity care (last 3 years of free care) from area providers is trended below.

#	http://www.countyhealthrankings.org	Johnson Co	Trend	KS	Big 6 KS
1	Diabetic screening	84.0%		85%	84%
2	Limited access to healthy foods	2.0%		7%	6%
3	Mammography screening	74.0%		67%	70%
#	HealthMatters.com Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Percent of Infants Fully Immunized at 24 Months (%)	72.8%		71.7%	66.7%
2	Percentage of Adults Ages 18 Years and Older Who Received A Flu Shot During the Past 12 Months (%)	46.1%		41.9%	43.1%
3	Annual check-up visit to PCP (past year)	NA		NA	NA
4	Annual check-up visit to Dentist (past year)	NA		NA	NA
5	Annual check-up visit to Eye Doctor (past year)	NA		NA	NA

TAB 9 Mortality Profile. The leading causes of county deaths are listed below. Areas of higher than expected are so noted.

#	Causes of Death by County of Residence, KS 2010	Johnson Co	Trend	State of KS	Big 6 KS
	Totals	3,300		24,421	11,108
1	Cancer	775		5,357	2,504
2	Heart disease	595		5,402	2,258
3	Other causes	446		3,272	1,546
4	Atherosclerosis	282		390	334
5	Cerebrovascular disease (Stroke)	192		1,367	631
6	Chronic lower respiratory diseases	177		1,581	686
7	Alzheimer's disease	104		816	326
8	All other accidents & adverse effects	80		838	381
9	Suicide	80		408	219
10	Other digestive diseases	67		600	270
11	Diabetes	66		655	258
12	Kidney disease (nephritis/nephrotic syndrome/nephrosis)	62		581	256
13	Pneumonia & influenza	55		555	219
14	Other respiratory diseases	50		324	159
15	Motor vehicle accidents	40		470	164

NOTE: Johnson County Chronic Diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in the U.S. Four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption are responsible for much of the illness, suffering, and early death related to chronic diseases. Chronic diseases account for roughly 75% of health care costs each year.

Leading Causes of Death – Kansas & Johnson County Age Adjusted Mortality Rate (per 100,000) 2007 – 2011		
Cause of Death	Johnson County	Kansas
Cancer	150.9	173.1
Heart disease	120.5	167.1
Cerebrovascular disease (Stroke)	38.4	43.2
Chronic lower respiratory diseases	35.8	50.7
Alzheimer's disease	23.2	24.7
Accidents & adverse effects	15.7	27.4
Pneumonia & influenza	13.1	18.9
Diabetes	13.4	21.6
Suicide	12.1	13.4
Kidney disease	12.7	17.9
Motor vehicle accidents	6.9	15.0
Chronic liver disease & cirrhosis*	4.6	7.9
Total	635.4	769.6

Leading Causes of Death – Kansas & Johnson County Age Adjusted Mortality Rate (per 100,000) 2007 – 2011			
Cause of Death	White	Black	Hispanic
Cancer	151.7	208.8	73.2
Heart disease	121.3	119	53.1
Cerebrovascular disease (Stroke)	38	-	-
Chronic lower respiratory diseases	36.4	-	-
Alzheimer's disease	23.4	-	-
Accidents & adverse effects	16.5	-	-
Pneumonia & influenza	13	-	-
Diabetes	12.9	-	-
Suicide	12.8	-	-
Kidney disease	12.6	-	-
Motor vehicle accidents	6.6	-	-
Chronic liver disease & cirrhosis*	4.9	-	-
Total	636.9	782.7	408.9

TAB 10 Preventive Health Profile. The following table reflects future health of county. This information also is an indicator of community awareness of preventative measures.

#	http://www.countyhealthrankings.org	Johnson Co	Trend	KS	Big 6 KS
1	Diabetic screening	84.0%		85%	84%
2	Limited access to healthy foods	2.0%		7%	6%
3	Mammography screening	74.0%		67%	70%
#	HealthMatters.com Categories	Johnson Co	Trend	State of KS	Big 6 KS
1	Percent of Infants Fully Immunized at 24 Months (%)	72.8%		71.7%	66.7%
2	Percentage of Adults Ages 18 Years and Older Who Received A Flu Shot During the Past 12 Months (%)	46.1%		41.9%	43.1%
3	Annual check-up visit to PCP (past year)	NA		NA	NA
4	Annual check-up visit to Dentist (past year)	NA		NA	NA
5	Annual check-up visit to Eye Doctor (past year)	NA		NA	NA

IV. Inventory of Community Health Resources

[SMMC community Health Needs Assessment]

Inventory of Health Services 2012 - Johnson County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Clinic	Primary Care	Yes		
Hosp	Alzheimer Center	Yes		
Hosp	Ambulatory Surgery Centers	Yes		
Hosp	Arthritis Treatment Center	Yes		
Hosp	Bariatric/weight control services	Yes		
Hosp	Birthing/LDR/LDRP Room	Yes		
Hosp	Breast Cancer / Screening	Yes	YES	
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	Yes		
Hosp	Cardiology services	Yes		
Hosp	Case Management	Yes	Yes	
Hosp	Chaplaincy/pastoral care services	Yes		
Hosp	Chemotherapy	Yes		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention			Yes
Hosp	CTScanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic/Invasive Catheterization	Yes		
Hosp	Electron Beam Computed Tomography (EBCT)	Yes		
Hosp	Insurance Enrollment Assistance Services	Yes	Yes	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)	Yes		
Hosp	Fertility Clinic	Yes		
Hosp	FullField Digital Mammography (FFDM)	Yes		
Hosp	Genetic Testing/Counseling	Yes		
Hosp	Geriatric Services	Yes		
Hosp	Heart	Yes		
Hosp	Hemodialysis	Yes		
Hosp	HIV/AIDS Services			Yes
Hosp	Image-Guided Radiation Therapy (IGRT)	Yes		
Hosp	Inpatient Acute Care - Hospital services	Yes		
Hosp	Intensity-Modulated Radiation Therapy (IMRT) 161	Yes		
Hosp	Intensive Care Unit	Yes		
Hosp	Intermediate Care Unit	Yes		
Hosp	Interventional Cardiac Catheterization	Yes		
Hosp	Isolation room	Yes	Yes	
Hosp	Kidney	Yes		
Hosp	Liver	Yes		
Hosp	Lung	Yes		
Hosp	Magnetic Resonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services	Yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)	Yes		
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Yes		
Hosp	Neonatal	No		Yes
Hosp	Neurological services	Yes		
Hosp	Obstetrics / Prenatal	Yes	Yes	
Hosp	Occupational Health Services	Yes		
Hosp	Oncology Services	Yes		
Hosp	Orthopedic services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	Yes		
Hosp	Pediatric	Yes		
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)	Yes		
Hosp	Positron Emission Tomography/CT (PET/CT)	Yes		
Hosp	Psychiatric Services	No		Yes

Inventory of Health Services 2012 - Johnson County, KS				
Cat	HC Services Offered in county: Yes / No	Hospital	HLTH Dept	Other
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health	Yes	Yes	
Hosp	Robotic Surgery			Yes
Hosp	Shaped Beam Radiation System 161	Yes		
Hosp	Single Photon Emission Computerized Tomography (SPECT)	Yes		
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes	
Hosp	Sports Medicine	Yes		
Hosp	Stereotactic Radiosurgery	Yes		
Hosp	Swing Bed Services	Yes		
Hosp	Transplant Services			
Hosp	Trauma Center			Yes
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	Yes		
SR	Assisted Living	Yes		
SR	Home Health Services	Yes	Yes	
SR	Hospice	Yes		
SR	LongTerm Care	Yes		
SR	Nursing Home Services	Yes		
SR	Retirement Housing	Yes		
SR	Skilled Nursing Care	Yes		
ER	Emergency Services	Yes		
ER	Urgent Care Center	Yes		
ER	Ambulance Services	Yes		
SERV	Alcoholism-Drug Abuse			Yes
SERV	Blood Donor Center	Yes		
SERV	Chiropractic Services			Yes
SERV	Complementary Medicine Services	Yes		
SERV	Dental Services			Yes
SERV	Fitness Center			Yes
SERV	Health Education Classes	Yes	Yes	
SERV	Health Fair (Annual)	Yes		
SERV	Health Information Center	Yes	Yes	
SERV	Health Screenings	Yes	Yes	
SERV	Meals on Wheels			Yes
SERV	Nutrition Programs	Yes	Yes	
SERV	Patient Education Center	Yes		
SERV	Support Groups	Yes		
SERV	Teen Outreach Services		Yes	
SERV	Tobacco Treatment/Cessation Program		Yes	
SERV	Transportation to Health Facilities	Yes		
SERV	Wellness Program	Yes	Yes	

Providers Delivering Care SMMC Primary Service Area - Johnson County KS

# of FTE Providers working in county	County	Shawnee Mission Medical Center *	
	Office Based	MDs / DOs	PA / NP
Primary Care:			
Family Practice	207.0	78.0	1.0
Internal Medicine / Geriatrician	134.0	30.0	1.0
Obstetrics/Gynecology	141.0	66.0	8.0
Pediatrics	71.0	57.0	1.0
Medicine Specialists:			
Allergy/Immunology	25.0	11.0	
Cardiology	76.0	18.0	
Dermatology	31.0	10.0	
Endocrinology	13.0	5.0	
Gastroenterology	49.0	22.0	
Oncology/RADO	43.0	18.0	
Infectious Diseases	4.0	7.0	
Nephrology	9.0	9.0	
Neurology	23.0	4.0	
Psychiatry	66.0	26.0	
Pulmonary	23.0	10.0	
Rheumatology	13.0	1.0	
Surgery Specialists:			
General Surgery / Colon / Oral	55.0	16.0	
Neurosurgery	14.0	6.0	
Ophthalmology	91.0	31.0	
Orthopedics	66.0	16.0	
Otolaryngology (ENT)	21.0	13.0	
Plastic/Reconstructive	36.0	20.0	
Thoracic/Cardiovascular/Vasc	14.0	7.0	
Urology	32.0	10.0	
Hospital Based:			
Anesthesia/Pain	90.0	16.0	
Emergency	48.0	18.0	12.0
Radiology	126.0	12.0	
Pathology	40.0	11.0	
Hospitalist	15.0	27.0	
Neonatal/Perinatal	9.0	9.0	
Physical Medicine/Rehab	30.0	11.0	
Occ Medicine	5.0	5.0	
Podiatry	25.0	0.0	
Chiropractor	66.0	0.0	
Optometrist OD	32.0	0.0	
Dentists	109.0	0.0	
TOTALS	1852.0	600.0	23.0

* Total credentialed doctors, physician assistants & nurse practitioners with SMMC

General Online Healthcare Resources

Doctors and Dentists--General

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

Hospitals and Clinics--General

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

Doctors and Dentists--Specialists

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

Other Healthcare Providers

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

Hospitals and Clinics--Specialized

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

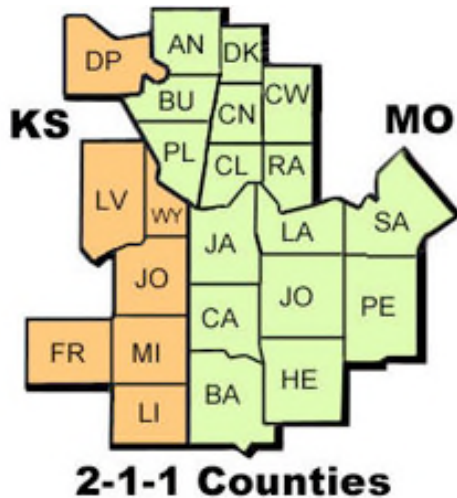
Other Healthcare Facilities and Services

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

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

United Way 2-1-1 Get Help. Give Help.

My resource connection <http://ims.jocogov.org/rc/>



Need to find counseling? A health clinic? Job training? A food pantry? Want to volunteer or donate goods? Don't waste valuable time trying to find the right resource. By simply dialing 2-1-1 on your phone, you can make just one call to find or give help.

United Way 2-1-1 spans a 23-county area, including 7 counties in Kansas and 16 in Missouri, and has access to literally thousands of resources. And that comprehensive database is constantly being updated so you'll have accurate information. Plus, United Way 2-1-1 saves 9-1-1 for life and death emergencies.

United Way 2-1-1 is an easy-to-remember central phone number connecting people with available community resources and volunteer opportunities. You'll reach a trained, caring professional 7 days a week, 24 hours a day, 365 days a year. All for free, all confidential.

issues, particularly those requiring advocacy. The health care advocate can help with prescription assistance, medical supplies and equipment, medical transportation, referrals to community clinics, in-home health aid, support groups, immunizations and more.

For additional information about United Way's 2-1-1 services, call (816) 474-5112 or toll free at (866) 320-5764.

Kansas Child/Adult Abuse and Neglect Hotline

800-922-5330

www.srskansas.org/hotlines.html

Domestic Violence Hotline

800-799-7233

www.ndvh.org

Emergency Management (Topeka)

785-274-1409

www.accesskansas.org/kdem

Federal Bureau of Investigation

866-483-5137

www.fbi.gov/congress/congress01/caruso100301.htm

Kansas Arson/Crime Hotline

800-KS-CRIME

800-572-1763

www.accesskansas.org/kbi

Kansas Bureau of Investigation

785-296-8200

www.accesskansas.org/kbi

Kansas Crisis Hotline (Domestic Violence/Sexual Assault)

888-END-ABUSE

www.kcsdv.org

Poison Control Center

800-222-1222

www.aapcc.org

Suicide Prevention Hotline

800-SUICIDE

<http://hopeline.com>

800-273-TALK

www.suicidepreventionlifeline.com

Toxic Chemical and Oil Spills

800-424-8802

www.epa.gov/region02/contact.htm

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V. Detail Exhibits

[SMMC community Health Needs Assessment]

Patient Origin & AHS Access to Care Data

[SMMC Community Health Needs Assessment]



Shawnee Mission Medical Center - KS

OP TOT223E - 2009
Annual
Hospital - 170104

Total Outpatient Visits and Market Share by Revenue Category and Patient County Code

Revenue Category	Total	20091		20209		29095		20103		29047		29037		20121		All
	Visits	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Other
1 Emergency Dept (45x)	42,806	29,434	28.6	8,893	12.7	1,628	0.5	548	2.6	292	0.3	150	0.4	178	7.7	1,683
2 Surgery (36x, 49x)	15,906	8,679	28.6	2,373	24.9	1,401	1.9	741	10.4	386	1.2	262	2.8	227	21.2	1,837
3 Observation (762)	2,409	1,605	19.8	457	11.9	104	0.6	48	2.1	29	0.3	22	0.9	9	3.3	135
11 Radiology-Diag (32x ex 322&323)	35,872	24,976	29.6	5,715	14.8	1,711	0.9	880	4.9	312	0.6	293	1.0	243	11.9	1,742
12 Arthro/Arteriography (322,323)	185	127	31.9	25	11.9	10	1.3	3	3.2	1	0.7	6	3.9	4	21.1	9
14 Nuclear Medicine (34x)	1,410	945	17.7	241	8.3	58	0.6	44	3.1	13	0.3	18	1.0	15	8.4	76
15 CT Scan (35x)	11,791	8,141	27.3	2,079	16.0	518	0.8	290	5.0	82	0.3	89	0.9	86	11.3	506
16 Mammography (401, 403)	15,298	11,815	34.4	1,662	26.2	594	1.4	345	7.5	94	0.9	96	1.3	140	21.0	552
17 Ultrasound (402)	10,228	6,928	29.0	1,730	22.3	582	1.2	229	5.5	115	0.9	88	1.4	84	15.6	472
19 Magnetic Resonance Tech (61x)	4,953	3,540	27.8	626	20.3	246	1.4	142	8.5	59	0.8	49	1.2	56	14.1	235
21 Chemotherapy (33x excl. 333)	3			1	0.1									1	0.8	1
23 Pulmonary Function (46x)	3,958	2,679	40.9	782	19.4	157	1.1	81	4.1	32	0.9	29	1.3	17	12.6	181
24 Cardiac Cath Lab (481)	703	317	24.4	114	15.4	41	1.5	112	33.2	15	1.4	9	2.1	3	7.7	92
25 Stress Test (482)	824	609	17.7	117	6.1	42	0.8	13	2.2	4	0.2	9	0.8	2	2.2	28
26 Echocardiology (483)	856	623	16.7	119	8.4	51	0.9	13	4.9	7	0.2	8	1.3	3	3.7	32
27 Electroencephalogram (74x)	1,170	683	37.8	159	17.1	127	4.7	26	9.2	62	6.3	31	8.9	8	13.8	74
28 G.I. Services (75x)	3,790	2,492	21.3	406	13.6	306	1.1	149	8.0	72	0.8	59	1.4	49	18.1	257
33 Cardiac Rehab (943)	697	553	35.8	113	10.4	11	0.5	16	5.3							4
36 Respiratory Services (41x)	2,218	1,357	34.4	513	12.1	92	0.6	53	5.9	32	0.7	24	0.8	14	16.1	133
37 EKG/ECG (73x)	8,045	5,285	21.5	1,362	12.0	445	0.8	194	4.0	116	0.6	83	0.9	50	7.3	510
38 Cardiology (48x excl. 481-483)	458	281	8.1	72	4.8	23	0.4	15	1.8	3	0.1	3	0.3	3	2.1	58
39 Sleep Lab (HCPC 95805-95811)	1,126	654	26.9	152	20.5	125	3.6	26	6.1	60	4.3	29	4.1	7	15.6	73
41 Behavioral Health	3,675	2,278	68.2	477	66.7	381	1.2	44	31.2	100	5.4	31	6.0	42	72.4	322
42 Physical Therapy (42x)	10,655	8,591	49.6	1,090	22.2	419	2.2	128	8.9	80	1.1	43	1.6	49	22.3	255
43 Occupational Therapy (43x)	2,785	2,084	38.3	257	15.0	185	3.0	56	8.7	33	1.3	18	2.9	26	29.9	126
44 Speech-Language Pathology (44x)	1,742	1,323	36.4	122	16.5	128	3.4	36	8.2	20	1.8	13	2.6	28	39.4	72
47 Audiology (47x)	17	9	0.5	2	0.3	3	0.1					1	0.2			2
Actual visits in report	127,290	88,272	28.5	19,757	14.6	6,577	0.9	3,013	5.4	1,391	0.7	987	1.0	945	12.6	6,348
Actual unclassified visits	21,760	14,838	9.9	3,667	7.1	1,188	0.3	447	2.1	231	0.3	214	0.8	177	4.7	998
Actual total visits	149,061	103,116	22.4	23,428	12.4	7,765	0.7	3,460	4.5	1,622	0.5	1,201	0.9	1,122	9.9	7,347
ED visits admitted; not included	10,777	7,302	36.4	1,978	15.2	486	1.2	193	5.5	117	0.8	72	1.9	76	15.4	553

20091 is Johnson, KS
29047 is Clay, MO

20209 is Wyandotte, KS
29037 is Cass, MO

29095 is Jackson, MO
20121 is Miami, KS

20103 is Leavenworth, KS
Other is All other counties



Shawnee Mission Medical Center - KS

OP TOT223E - 2010
Annual
Hospital - 170104

Total Outpatient Visits and Market Share by Revenue Category and Patient County Code

Revenue Category	Total	20091		20209		29095		20103		29047		29037		20121		All
	Visits	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Other
1 Emergency Dept (45x)	47,097	31,853	31.0	10,094	14.4	1,823	0.5	646	3.0	350	0.4	198	0.5	199	8.7	1,934
2 Surgery (36x, 49x)	15,444	8,525	29.1	2,424	25.9	1,302	1.8	638	9.6	406	1.3	226	2.4	210	20.2	1,713
3 Observation (762)	5,294	3,204	34.4	1,349	25.7	257	1.6	112	4.5	55	0.6	48	1.7	40	15.8	229
11 Radiology-Diag (32x ex 322&323)	34,748	24,068	28.9	5,782	15.0	1,640	0.9	773	4.5	358	0.6	241	0.8	245	11.4	1,641
12 Arthro/Arteriography (322,323)	114	65	18.4	22	12.1	8	1.0	3	3.4	1	0.5	2	1.6	1	6.7	12
14 Nuclear Medicine (34x)	1,395	920	15.5	255	7.9	72	0.7	46	2.7	13	0.3	8	0.4	7	4.1	74
15 CT Scan (35x)	11,918	8,171	26.7	2,114	16.5	522	0.8	286	5.0	103	0.4	91	0.9	68	8.0	563
16 Mammography (401, 403)	14,950	11,554	33.7	1,605	25.9	618	1.4	353	8.1	76	0.8	92	1.2	147	21.2	505
17 Ultrasound (402)	10,721	7,211	29.1	1,799	22.9	633	1.3	285	6.7	134	1.0	94	1.4	90	15.3	475
19 Magnetic Resonance Tech (61x)	4,959	3,505	26.5	689	20.8	278	1.5	132	7.7	37	0.5	33	0.9	43	11.8	242
21 Chemotherapy (33x excl. 333)	5	3	0.1													2
23 Pulmonary Function (46x)	5,843	3,851	51.7	1,197	27.4	284	2.6	115	5.4	62	1.8	34	1.5	42	22.8	258
24 Cardiac Cath Lab (481)	489	203	16.9	115	13.7	13	0.5	94	30.4	3	0.3	5	1.0	1	2.9	55
25 Stress Test (482)	1,084	755	17.0	185	7.3	54	0.9	16	1.6	16	0.7	12	0.8	6	4.8	40
26 Echocardiology (483)	1,089	746	13.3	193	8.9	57	0.7	27	4.8	15	0.4	10	0.7	6	4.2	35
27 Electroencephalogram (74x)	1,062	667	35.8	138	17.2	120	5.3	27	11.2	27	3.0	15	5.2	12	20.7	56
28 G.I. Services (75x)	3,731	2,481	21.8	414	14.7	264	1.0	126	7.4	90	0.9	57	1.4	44	15.7	255
32 Electromyelogram (922)	1			1	0.7											
33 Cardiac Rehab (943)	780	663	41.2	103	7.8	6	0.2	1	0.4	1	0.1					6
36 Respiratory Services (41x)	2,212	1,446	38.5	533	12.8	75	0.5	30	3.8	13	0.3	12	0.5	6	9.5	97
37 EKG/ECG (73x)	8,521	5,491	20.9	1,587	11.9	473	0.8	168	3.1	107	0.6	70	0.7	56	8.1	569
38 Cardiology (48x excl. 481-483)	474	318	9.4	78	4.3	12	0.2	22	2.5	5	0.3	5	0.6	1	0.8	33
39 Sleep Lab (HCPC 95805-95811)	956	600	25.5	120	18.4	109	3.2	27	5.6	26	1.9	15	1.7	8	16.0	51
41 Behavioral Health	3,842	2,464	67.6	480	64.0	353	1.1	64	23.0	89	4.9	46	7.9	53	72.6	293
42 Physical Therapy (42x)	11,027	8,597	49.6	1,089	20.6	510	2.7	173	10.2	107	1.7	63	2.5	64	25.1	424
43 Occupational Therapy (43x)	3,311	2,428	42.5	297	15.9	200	3.3	79	11.3	69	2.8	29	4.8	38	33.9	171
44 Speech-Language Pathology (44x)	1,918	1,423	41.5	123	15.2	124	3.3	44	9.1	45	3.8	12	2.6	45	47.9	102
47 Audiology (47x)	2	1	0.1	1	0.1											
Actual visits in report	131,200	90,050	28.7	21,335	15.5	6,772	0.9	3,019	5.3	1,516	0.7	976	0.9	993	12.5	6,539
Actual unclassified visits	20,588	14,252	9.2	3,121	6.0	1,213	0.3	512	2.2	246	0.3	227	0.7	147	3.6	870
Actual total visits	151,788	104,302	22.3	24,456	12.9	7,985	0.7	3,531	4.4	1,762	0.6	1,203	0.9	1,140	9.5	7,409
ED visits admitted; not included	11,000	7,460	36.4	1,981	15.3	463	1.2	234	6.7	105	0.7	72	1.8	105	18.7	580
20091 is Johnson, KS	20209 is Wyandotte, KS			29095 is Jackson, MO				20103 is Leavenworth, KS				Other is All other counties				
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Shawnee Mission Medical Center - KS

OP TOT223E - 2011
Annual
Hospital - 170104

Total Outpatient Visits and Market Share by Revenue Category and Patient County Code

Revenue Category	Total	20091		20209		29095		20103		29047		29037		20121		All
	Visits	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Other
1 Emergency Dept (45x)	52,132	34,423	31.7	11,710	16.3	2,107	0.6	893	3.8	381	0.4	207	0.5	234	9.7	2,177
2 Surgery (36x, 49x)	15,083	8,433	29.2	2,286	23.9	1,224	1.6	648	9.7	355	1.1	230	2.6	217	22.1	1,690
3 Observation (762)	5,775	3,553	36.6	1,401	22.5	277	1.8	130	4.6	53	0.6	52	1.9	30	13.2	279
11 Radiology-Diag (32x ex 322&323)	36,645	25,401	29.8	6,204	16.2	1,676	0.9	871	4.9	327	0.6	248	0.8	235	11.6	1,683
12 Arthro/Arteriography (322,323)	115	76	17.5	14	7.8	7	1.0	4	4.4			1	0.7	1	6.3	12
13 Radiation Therapy (333)	1	1	0.1													
14 Nuclear Medicine (34x)	1,550	1,038	14.0	256	8.1	58	0.5	58	3.3	15	0.3	12	0.5	14	6.7	99
15 CT Scan (35x)	13,372	9,157	27.5	2,445	18.0	562	0.8	310	5.0	120	0.5	80	0.7	81	9.8	617
16 Mammography (401, 403)	14,963	11,632	32.3	1,573	21.8	602	1.3	357	7.7	85	0.8	82	1.1	118	18.0	514
17 Ultrasound (402)	12,138	8,251	30.7	1,983	23.0	694	1.3	297	6.7	121	0.8	116	1.6	79	13.0	597
19 Magnetic Resonance Tech (61x)	5,337	3,803	27.1	715	20.4	311	1.5	111	5.5	44	0.5	58	1.4	56	16.4	239
21 Chemotherapy (33x excl. 333)	22	20	0.4			1	0.0									1
23 Pulmonary Function (46x)	6,129	4,038	49.6	1,271	27.7	259	2.3	127	6.8	48	1.6	48	2.3	36	20.5	302
24 Cardiac Cath Lab (481)	568	245	18.4	110	13.7	24	1.0	99	29.3	1	0.1	5	1.1	2	5.9	82
25 Stress Test (482)	1,406	981	15.1	235	9.4	66	0.7	30	2.8	12	0.3	10	0.5	14	9.2	58
26 Echocardiology (483)	1,538	1,076	12.9	243	9.2	95	0.8	29	4.2	12	0.2	11	0.5	10	5.0	62
27 Electroencephalogram (74x)	1,138	689	36.3	134	17.7	133	5.3	30	12.4	34	3.2	25	8.0	18	26.5	75
28 G.I. Services (75x)	4,392	3,076	25.8	496	16.5	297	1.2	127	8.3	63	0.6	36	0.8	48	19.8	249
33 Cardiac Rehab (943)	707	574	12.9	115	10.4	7	0.2	3	0.6			3	0.7			5
36 Respiratory Services (41x)	2,334	1,447	38.4	588	13.6	91	0.6	43	4.7	12	0.3	17	0.8	6	8.3	130
37 EKG/ECG (73x)	9,849	6,425	23.7	1,818	13.4	517	0.8	224	4.2	99	0.5	95	0.8	54	8.3	617
38 Cardiology (48x excl. 481-483)	671	463	12.1	93	4.3	15	0.3	21	1.9	1	0.1	7	0.8	5	3.7	66
39 Sleep Lab (HCPC 95805-95811)	936	565	24.4	119	19.4	111	2.7	25	6.0	34	2.2	16	1.8	7	14.3	59
41 Behavioral Health	4,548	2,911	68.0	556	65.5	437	1.3	87	23.0	106	5.1	51	7.2	66	78.6	334
42 Physical Therapy (42x)	11,115	8,655	50.6	1,081	21.6	562	2.8	173	10.7	120	1.8	77	2.8	61	25.0	386
43 Occupational Therapy (43x)	3,555	2,616	43.9	330	17.5	219	3.3	68	10.4	54	2.2	17	2.6	50	38.8	201
44 Speech-Language Pathology (44x)	2,195	1,673	43.6	153	18.3	121	3.0	32	6.2	42	3.0	3	0.5	38	50.7	133
Actual visits in report	139,047	95,148	28.6	23,054	16.5	7,151	1.0	3,302	5.5	1,482	0.7	1,045	1.0	976	12.8	6,889
Actual unclassified visits	21,143	15,067	9.3	3,120	5.6	1,105	0.2	520	2.1	201	0.2	199	0.6	142	3.8	789
Actual total visits	160,190	110,215	22.3	26,174	13.4	8,256	0.7	3,822	4.5	1,683	0.5	1,244	0.9	1,118	9.8	7,678
ED visits admitted; not included	11,156	7,491	35.8	2,144	18.6	512	1.2	206	6.3	106	0.7	66	1.5	71	13.6	560
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Shawnee Mission Medical Center KS

Community Health Needs Assessment - 2013

Health Information

HEALTH INDICATORS	KS	MO	U.S.	HP 2020 Goal	HP 2020 Pg/Index Number	NOTES	State/National Data URL:
Access to Health Services					pg. 2		
Lack health insurance (18-64) *	13.9%	23.1%	17.1%	0.0%	AHS-1.1	Baseline is 2008 data. Source: NHIS, CDC, NCHS	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=HC&yr=2008&qkey=880&state=All
Difficulty accessing medical care			4.7%	4.2%	AHS-6.2	Baseline - 2007 data. Sources: MEPS, AHRQ.	
Have a specific source of ongoing medical care	88.3	85.5%	86.4%	95.0%	AHS-5.1	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=HC&yr=2008&qkey=868&state=All
Cancer					pg. 27		
Cervical cancer screening based on most recent guidelines *	84.0%	82.9%	82.8%	93.0%	C-15	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=WH&yr=2008&qkey=4426&state=All
Colorectal cancer screening based on most recent guidelines *	61.7%	61.4%	61.8%	70.5%	C-16	2008 data. Source: AHRQ National and State data.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=CC&yr=2008&qkey=4425&state=All
Breast cancer screening based on most recent guidelines *	78.4%	77.2%	79.2%	81.1%	C-17	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=WH&yr=2008&qkey=4427&state=All
Age-Adjusted cancer deaths/100,000	180	191.6	178.4	160.6	C-1	Baseline - 2007. Sources: NVSS, CDC, NCHS. County level through state DOH	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Diabetes					pg. 45		
Age-Adjusted Diabetes Deaths/100,000	22.8	22.3	22.5	20.25	D-3	Baseline - 2007. Sources: NVSS, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Heart Disease and Stroke					pg. 150		
Proportion of adults over 18 y/o with hypertension *	26.8%	29.4%	27.5%	26.9%	HDS-5	2005-2008 data. Sources: NHANES, CDC, NCHS	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=HA&yr=2007&qkey=4420&state=All
Proportion of adults over 20 y/o with high total blood cholesterol levels (240 mg or greater)			15.0%	13.5%	HDS-7	2005-2008 data. Sources: NHANES, CDC, NCHS	http://205.207.175.93/HDI/TableViewer/tableView.aspx?ReportId=74
Age-adjusted heart disease deaths/100,000 *	178.7	214.4	190.9	100.8	HDS-2	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Age-adjusted stroke deaths/100,000	46	48.2	42.2	33.8	HDS-3	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
HIV					pg. 160		
Age-adjusted HIV deaths/100,000	0.8	2.2	3.7	3.3	HIV-12	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Immunization and Infectious Diseases					pg. 166		
Flu Shot (18-64)		39.8%	25.0%	80.0%	IID-12.5	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	
Flu Shot (>65 y/o) *	72.0%	71.3%	70.9%	90.0%	IID-12.7	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=IM&yr=2008&qkey=4407&state=All
Pneumococcus Vaccine (18-64)			17.0%	60.0%	IID-13.2	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	
Pneumococcus Vaccine (>65 y/o) *	67.3%	67.7%	66.9%	90.0%	IID-13.1	Baseline - 2008 data. Sources: NHIS, CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=IM&yr=2008&qkey=4408&state=All
New invasive pneumococcal infections in adults >65 y/o (per 100,000)			40.4	31.0	IID-4.2	Baseline - 2008 data. Sources: ABCs, CDC, NCIRD	
Injury & Violence Prevention					pg. 185		

Shawnee Mission Medical Center KS

Community Health Needs Assessment - 2013

Health Information

HEALTH INDICATORS	KS	MO	U.S.	HP 2020 Goal	HP 2020 Pg/Index Number	NOTES	State/National Data URL:
Age-adjusted unintentional injury deaths/100,000	41.2	48.4	40	36	IVP-11	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Age-adjusted motor vehicle crash deaths/100,000 *	15.9	17.6	14.4	12.4	IVP-13.1	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf
Safety belt use	81.8%	76.0%	84.0%	92.4%	IVP-15	Baseline - 2009. Sources: NOPUS, DOT, NHTSA	http://www-nrd.nhtsa.dot.gov/Pubs/811493.pdf
Maternal, Infant, and Child Health						pg. 202	
Low-weight births as % of total births	7.3%	8.1%	8.2%	7.8%	MICH-8.1	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf
Early and adequate prenatal care in first trimester	75.2%	87.2%	70.8%	77.9%	MICH-10.2	Baseline - 2007. Sources: NVSS-M, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf
Infant death rate/1,000 (within first year)	7.15	7.45	6.68	6.0	MICH-1.3	2006 data. Sources: NVSS, CDC, NCHS.	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_17.pdf
Mental Health and Mental Disorders						pg. 225	
Depressed Persons Receiving Treatment (18+)	42%		68.3%	75.1%	MHMD-9.2	2008 data - Sources: NSDUH, SAMHSA	
Percentage of adults >18 y/o experiencing a major depressive episode	8.3%	9.7%	6.8%	6.1%	MHMD-4.2	2008 data - Sources: NSDUH, SAMHSA	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5938a2.htm?s_cid=mm5938a2_e%0d%0a
Suicide deaths per 100,000	15.1	13.5	11.3	10.2	MHMD-1	2007 data - Sources: NVSS, CDC, NCHS	http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Shawnee Mission Medical Center KS

Community Health Needs Assessment - 2013

Health Information

HEALTH INDICATORS	KS	MO	U.S.	HP 2020 Goal	HP 2020 Pg/Index Number	NOTES	State/National Data URL:
Nutrition and Weight Status							
					pg. 230		
Proportion of Adults that are at a healthy weight	34.4	34.5%	30.89%	33.90%	NWS-8	Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.	http://205.207.175.93/HDI/TableView/tableView.aspx?ReportId=76
Proportion of adults who are obese	28.1	29.1%	34.00%	30.60%	NWS-9	2005-2008 data - Sources: NHANES, CDC, NCHS	http://205.207.175.93/HDI/TableView/tableView.aspx?ReportId=76
Physical Activity							
					pg. 263		
Pct of adults engaging in moderate/vigorous activity for at least 150/75 minutes per week.	48.6%	48.9%	43.50%	47.90%	PA-2.1	Baseline - 2008 data. Sources: CDC, NCHS	http://apps.nccd.cdc.gov/PASurveillance/StateSumResultV.asp?Year=2007&State=19
Pct of adults engaging in moderate/vigorous activity for at least 300/150 minutes per week.			28.40%	31.30%	PA-2.2	Baseline - 2008 data. Sources: CDC, NCHS	
Respiratory Diseases							
					pg. 286		
Chronic Lung Disease (Hospitalizations from COPD per 10,000, 45 y/o+)			56	50.1	RD-11	Baseline - 2007 data. NHDS, CDC, NCHS	http://www.cdc.gov/nchs/nhd.htm
Substance Abuse							
					pg. 302		
Proportion of persons >18 y/o engaging in binge drinking during the past month.	13.8%	15.30%	27.0%	24.30%	SA-14.3	2008 data - Sources: NSDUH, SAMHSA, BRFSS	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=AC&yr=2008&qkey=7307&state=All
Proportion of adolescents (ages 12-17) using alcohol or any illicit drugs during past 30 days.			18.3%	16.50%	SA-13.1	2008 data - Sources: NSDUH, SAMHSA	
Age adjusted cirrhosis deaths/100,000	7.8	8.8	9.1	8.2	SA-11	2007 data - Data source: National Vital Statistics System (NVSS), CDC, NCHS.	
Tobacco Use							
					pg. 315		
Percentage of adults (over 18 y/o) who are current cigarette smokers *	17.9%	25.0%	18.3%	12%	TU-1.1	2008 data - Data source: National Health Interview Survey (NHIS), CDC, NCHS.	http://apps.nccd.cdc.gov/BRFSS/list.asp?cat=TU&yr=2008&qkey=4396&state=All
Recent smoking cessation success by adult smokers (over 18 y/o)			6%	8%	TU-5.1	2008 data - Data source: National Health Interview Survey (NHIS), CDC, NCHS.	
Percentage of adults (over 18 y/o) who are current users of snuff or chewing tobacco products	3.5%	2.5%	2.3%	0.3%	TU-1.2	2005 data - Data source: National Health Interview Survey (NHIS), CDC, NCHS.	http://apps.nccd.cdc.gov/statssystem/DetailedReport/DetailReports.aspx#ReportDetail

* National data is from Healthy People 2020 except where indicated with an asterisk. In these instances national & state data may not align with HP 2020 goals.

<http://www.healthypeople.gov/2020/topicsobjectives2020/pdfs/HP2020objectives.pdf>

Town Hall Attendees Notes & Feedback

[SMMC Community Health Needs Assessment]

Hospital / City: SMMC
Community CHNA Roundtable Meeting Date 11/13/12

#	Category	Focus Area	First	Last	Organization	Address	City	ST	Zip
1	Gov	Underserved	Michael	Ashcroft	Johnson County Government	11875 S. Sunset	Olathe	KS	66061
2	Doctor	Underserved	Larry	Botts	SMMC Medical Group	3200 West 68th Street	Mission Hills	KS	66208
3	Doctor	Underserved	Steve	Broxterman	SMMC Medical Group	9100 W. 74 th Street	Merriam	KS	66204
4	Education	Low Income	Clarissa	Craig	JCCC	12345 College Blvd.	Overland Park	KS	66210
5	Hospital		Kim	Fuller	SMMC	9100 W. 74 th Street	Merriam	KS	66204
6	Hospital		Robin	Harold	SMMC	9100 W. 74 th Street	Merriam	KS	66204
7	Doctor	Underserved	Lisa	Hays	SMMC	9100 W. 74 th Street	Merriam	KS	66204
8	Community	Underserved	Nancy	Hupp	Merriam City Council	10172 Edelweiss Circle	Merriam	KS	66203
9	Community		Karen	James			Shawnee	KS	66226
10	Community		Linda	Leeper	Shawnee Chamber of Commerce	15100 W 67th St, Ste 202	Shawnee	KS	66217
11	Hospital		Leslie	Mackey	SMMC	9100 W. 74 th Street	Merriam	KS	66204
12	Health Dept	Underserved	Lugene	Marsh	Johnson Co Dept of Hlth & Environment	11875 S. Sunset	Olathe	KS	66061
13	Education	Low Income	Donna	Mesmer	Blue Valley School District	15020 Metcalf Ave	Overland Park	KS	66283
14	Health Dept	Underserved	Barbara	Mitchell	Johnson Co Dept of Hlth & Environment	11875 S. Sunset	Olathe	KS	66061
15	Board		David	Newcomer, IV	Capital City Bank	2424 W. 71st St.	Prairie Village	KS	66208
16	Community		Tracey	Osborne	Overland Park Chamber of Commerce	9001 W 110th St, Ste 150	Overland Park	KS	66210
17	Community	Underserved	Kimberly	Paul	SAFEHOME	P.O. Box 4563	Overland Park	Ks	66204
18	Retirement	Low Income	Jan	Pearson	Lakeview Village		Lenexa	KS	66215
19	Board		Timothy R.	Rodgers	AG Edwards & Sons, Inc.	7400 W. 130th St. Ste. 400	Overland Park	KS	66213
20	Gov		Blake	Schreck	Lenexa Chamber of Commerce	12350 W 87th St Pkwy	Lenexa	KS	66215
21	Education	Low Income	Cindy	Seglem	Desoto School District	35200 W. 91st St.	De Soto	KS	66018
22	Community	Low Income	Deb	Settle	Northeast Johnson County Chamber	5802 Foxridge Dr, Ste 102	Mission	KS	66204
23	Media		Mike	Sherry	KS Health Institute News Service	7645 Canterbury	Shawnee	KS	66226
24	Hospital		Mark	Stoddart	SMMC	9100 W. 74 th Street	Merriam	KS	66204
25	Doctor	Underserved	Greg	Sweat	SMMC Medical Group	9100 W. 74 th Street	Merriam	KS	66204
26	Hospital		Scott	Woods	SMMC	9100 W. 74 th Street	Merriam	KS	66204
27	Hospital		Trevor	Wright	SMMC	9100 W. 74 th Street	Merriam	KS	66204

Johnson County (SMMC) Town Hall Notes 11/13/12

Location: Matt Ross Community Center

Audience: 27 participants

Representing... elected officials (2)

Providers (4)

Work in schools (2)

Board member (1)

Work with uninsured (1)

Homecare/hospice (1)

White card #1: "My notes"

Card #2 (color): current strengths of community

Card #3 (white): things the community could improve/change

Questions from audience:

1. Re: Behavioral Health - \$ amounts include private (3rd party) ins?
 - a. Answer: No
2. Increasing (growing) numbers represents something good, or something bad (spending more to help, or is # of pts growing [i.e. beh health of community declining])
 - a. Answer: unclear

Top 3 things the community is facing, in the "50,000 foot view":

1. Rapid growth
2. Affordable Care Act implementation/ramification
3. Increasing population in county

Strengths

- High prenatal care percentage
- Availability & access of services
- Johnson County law enforcement are doing lethality assessment which encourages report domestic violence – lower homicide rate; proactive
- School emphasis on wellness and prevention
- Easy access to fresh fruits and vegetables
- Opportunities for physical activity; parks and trails

- Physician ratio rate
- Health screenings
- Quality of life
- School nurse programs & screenings
- Competition among health care providers; incentivizes health care systems to perform
- Lower smoking rates than other counties
- Higher education levels
- Good immunization rates
- Safe drivers
- Greater opportunity for charity care because we're a wealthier county – givers, more opportunity to provide

Improve/Change

- Better education about nutrition/eating habits
- More opportunity (motivation) for physical activity
- Integrated data capture for all locations in healthcare systems
 - Meant EHR within a single system, and HIE between systems
- Need more providers, more behavioral health and social work support, specifically in psychology
- Lower the rate of poverty growth
- Oral health access for all
- Integrate social/medical services (for families, for ex)
- Increase capacity of Head Start (300 on wait list)
- Better mental health services for those with low/no mobility
- More providers for Medicaid population
- Increase funding for community programs
- Better handling of environmental issues: 1)air 2)water
- More awareness and education about domestic violence (to victims/potential victims)
- Greater access to inpatient hospice care
- Greater heart/stroke education
- Bilingual education for patients
- Improve communication about need for & availability of welfare services in the county
- Aging in Place – access to services for the homebound
- Recruit & retain good quality doctors and nurses
- Reduce paperwork, particularly for specialists
- More effective application of Wellness Programs (i.e. lifestyle changes)
- Increased holistic care

Miscellaneous

- One person thought unemployment percentage was slightly higher.
- WIC – may not be reaching all eligible individuals, but in recent years the number would have looked even lower compared to the big 6 and the state
- Student and staff wellness plans that are strongly encouraged but not mandatory
- Required by law → vision screening every two years and hearing screening every three years (although not all schools are compliant)
- This is the first year Desoto school district is completely compliant with oral health screenings
- Would like to track domestic violence in Johnson County
- Atherosclerosis – hardening of the artery

Affecting health in the future

- Rapid population growth
 - Number of physicians keeping up with growth
- Accountable Care Act
- Increasing amount of poverty

Community Health Needs Assessment

Johnson County, KS SMMC PSA (Town Hall Feedback Cards - Health Strengths)

CODE1	CODE2	CODE3	Today: What are the strengths of our community that contribute to health ?
ACC			access
ACC			access to care providers
ACC	SS		access to healthcare
ACC			Access to healthcare
ACC			availability of services (access)
ACC	SS		community resources are available
ACC			good healthcare with easy access to resources
ACC			number of hospital beds
ACC	ED	EMPL	overall access to health care is good
DOCS			# of physicians and other medical providers
DOCS			good hospital care and doctors
DOCS	SPEC	ACC	large numbers of physicians and specialists
DOCS			Physician ratio [high]
DOCS			Physician ratio [high]
DOT	GOV		good roads, repair, snow removal
DOT			good/safe drivers
ED			better knowledge about health than many other communities
ED	EMPL		consistently better than rest of state
ED	EMPL		data looks good compared with other "big 6" in KS
ED	ACC		great healthcare facilities
ED			high education
ED	EMPL		high education and skills
ED			high education level
ED			high expectations
ED	EMPL		high income
ED	EMPL		high levels of education
ED	EMPL		high quality of life
ED	EMPL		high satisfaction, level of service
ED			higher education
ED	EMPL		quality of life
ED			strong desire for change and focus
ED	EMPL		wealth
EMPL	ED	ACC	competition amongst healthcare
EMPL	ED		competition within JoCo
EMPL	ED	ACC	competitive health system
EMPL			Focus on quality of healthcare and outcomes (patient experience, big strides)
EMPL	POV	ED	low unemployed
EMPL	INSU	POV	low unemployment rate
FINA	POV		charity care
FINA	SS		community with increasing awareness through educational programs, philanthropic outreach
FIT	REC		access to exercise facilities, parks
FIT			lots of physical fitness outlets or locations
FIT	REC	WELL	overall community rhetoric is positive about active lifestyle - trails, biking, soccer, etc.
FIT	REC		physical outlets
GOV	ED	EMPL	stable community
HOSP	HH	ACC	hospitals and rehab centers, home health, homecare and hospice services
INSU	POV	EMPL	low uninsured
INSU	POV	EMPL	low uninsured, lower than rest of state

Community Health Needs Assessment

Johnson County, KS SMMC PSA (Town Hall Feedback Cards - Health Strengths)

CODE1	CODE2	CODE3	Today: What are the strengths of our community that contribute to health ?
INSU	EMPL	POV	relatively low uninsured
NUTR			access to healthy food
NUTR	FIT		access to healthy food options, services, businesses
NUTR			easy access to fresh foods/grocery stores
NUTR			food access
PNEO			[good] prenatal care
PNEO			good prenatal care
PNEO			high pre-natal care
POV			low poverty level
POV	EMPL	ED	low poverty rate
POV	ED	EMPL	low poverty rates
REC	FIT		parks and trails
SMOK	TOB		low smoking percentage
SMOK	TOB		lower smoking rates [than rest of state]
SNUR			good school nurse programs
SNUR			good schools - school nurse in every school
SNUR	PREV	WELL	school screenings [high]
SNUR	PREV		schools provide quality care: nurses in all buildings, screenings
SPEC			specialized care
SS	WELL	SNR	education resources for improving health
VACC	PREV		good immunizations rate
VACC			high immunization rate
VIO	GOV		security/safety - good police/fire coverage and low crime
VIOI	GOV		Johnson county law enforcement ask local (LAP?) to get victim out of violent homes
WELL	PREV	SNUR	school emphasis on wellness/prevention
WELL	SNUR	PREV	wellness emphasis in schools

Community Health Needs Assessment

Johnson County, KS SMMC PSA (Feedback Cards -Things to Improve/Change)

CODE1	CODE2	Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed?
ACC		Access to health care
ACC		Continuity of care
ADM		Integration of services (parenting, nutrition, mental health, chronic condition)
ADM		Need more complete and accurate data
ADM		Nursing shortage
ADM		Patient and family support
AGE	HH	Services to elderly living alone to keep them independent
BH		Mental health
COMM	WELL	Encourage personal responsibility (population knows what is good for them, but they are not doing it)
COMM		Health care information exchange
DENT	AGE	Oral care for seniors in nursing facilities
DENT		Oral health for all
DOCS		Amount of time providers are providing care vs. administrative work (documenting, getting audited, meeting regulatory requirements, etc)
DOCS		Number of physicians
DOCS	SPEC	Number of providers willing and able to provide specialty services
DRUG		Substance abuse
ED		Education
ED		Non-English patient education
FIT		Physical activity
H2O		Water quality
HRT		Heart disease education
INSU		More providers that serve Medicaid/uninsured population
INSU		Resources/funding for programs (ex: Health Partnership, Head Start)
INSU		Rising number of uninsured
NUTR		Access to low-cost, healthy food
NUTR		Nutrition
OBES		Obesity
PHY		Number of PT's
POV		Make sure needy are getting the care they need/access to programs that serve increasing number of poverty
POV		Poverty
STRK		Stroke education
TRAN		Transportation, mass transit
VIO		Domestic abuse

Public Notice & Invitation

[SMMC Community Health Needs Assessment]

YOUR LOGO

NEWS

Date: October 4, 2012
For Immediate Release
Media Contact: XXXX

In order to gauge the overall health needs of Johnson County residents, Shawnee Mission Medical Center is working together with other Johnson County KS health providers to conduct a community health needs assessment. Results of the survey will provide guidance to address health care needs in SMMC primary service area and fulfill both federal and state mandates.

To gather the necessary information for this assessment, a comprehensive paper / online survey has been created to measure Johnson County resident's views regarding health care perceptions of delivery, access, and health practices. Starting the week of Oct 8th, surveys will be mailed to 2800 randomly selected SMMC primary service area residents. <Note: If you would like to participate & did not receive a mailed survey, please log into https://www.surveymonkey.com/s/CHNA_SMMC to take survey online. Additionally, there will be a limited supply of paper surveys that can be obtained at Shawnee Mission Medical Center.> VVV Research & Development, Inc. an independent research firm from Olathe Kansas, has been retained to conduct this county wide research.

It is important that these surveys be completed and returned by Wednesday October 31st, 2012. Participants who choose to take the survey will answer questions dealing with health related topics such as diet/nutrition, exercise, health concerns, access to care, etc. All survey responses are anonymous and completing the survey takes less than 10 minutes. To encourage a high level of response, a SMMC drawing will occur on 11/1/12 to give away ten (10) \$80 Best Buy gift cards.

In addition, residents interested in discussing and prioritize future health initiatives that live in and around SMMC will have their chance on Tuesday, November 13th, 2012. Note: a Town Hall meeting will be held at Matt Ross Community Center from 5:30-7pm. More information on how to participate will be released in a few weeks.

What do you think about Johnson County's health care practices and services?

The Johnson County Department of Health and Environment is partnering with Olathe Medical Center and Shawnee Mission Medical Center (SMMC) to assess community health needs. As part of the new federal healthcare reform law (the Patient Protection and Affordable Care Act), non-profit hospitals are required to perform a community health needs assessment (CHNA) every three years. Results of this assessment will provide guidance to address current and future healthcare needs for each hospital's primary service area. Assessment topics include current health practices and healthcare perceptions such as delivery and access to services.

There are three ways to give your opinion:

1. **Complete an online survey by 10/31.** Johnson County residents living near Shawnee Mission Medical Center can win a \$80 Best Buy gift card by completing this survey by 10/31:
https://www.surveymonkey.com/s/CHNA_SMMC
2. **Town Hall Dinner Meeting on Nov. 1st** from 5:30-7pm at the Olathe Health Education Center, 21201 W. 152nd St., Olathe, KS 66061
3. **Town Hall Dinner Meeting on Nov. 13th** from 5:30-7pm at the Matt Ross Community Center, 8101 Marty St., Overland Park, KS 66204

Website and Facebook: Johnson County residents living near Shawnee Mission Medical Center can win a \$80 Best Buy gift card by completing an online survey regarding health practices and access to care. Complete survey by Oct. 31st to be entered to win one of 10 gift cards:
https://www.surveymonkey.com/s/CHNA_SMMC

Twitter: Live near Shawnee Mission Medical Center? Complete survey by 10/31 and be entered to win \$80 Best Buy gift card: ow.ly/epgdo

Oct 31,2012

[Community health assessment helps set priorities for services | 913](#)

13 at Matt Ross Community Center, 8101 Marty St., Overland Park. For more information on the **community health assessment**, visit the health department's ...
joco913.com/.../community-health-assessment-helps-set-priorit...

Community health assessment helps set priorities for services

Town hall sessions, KC STAR 913 News, pages 8-9 10/31/12

Town hall meetings will take place from 5:30 to 7 p.m. Thursday at the Olathe Health Education Center, 21201 W. 152nd St. in Olathe and from 5:30 to 7 p.m. Nov. 13 at Matt Ross Community Center, 8101 Marty St., Overland Park.

For more information on the community health assessment, visit the health department's website at health.jocogov.org, and click on community health assessment and health improvement plan.

To take the survey, go to https://www.surveymonkey.com/s/CHNA_SMMC.

Oct.30, 2012

Beth Lipoff

Special to The Star - 913 News

Imagine this: You walk into the clinic and see a doctor for the first time in 20 years. She says that you have diabetes, and you've got to change everything about your lifestyle, or you could lose a leg or go blind. The clinic has some support groups, but those may not be enough.

That's why the Johnson County Health Department is partnering with Shawnee Mission Medical Center and Olathe Medical Center to assess the health needs of the community and determine what services need additional resources.

"I think it's going to benefit the community in general and raise more awareness in the community about these problems," said Jason Wesco, president and CEO of the Health Partnership of Johnson County.

Wesco sees this sort of situation unfold regularly at the partnership's clinics and says the survey will help draw attention to needs such as behavioral health services, which provide counseling to such patients.

As part of the provisions of the Patient Protection and Affordable Healthcare Act, surveying the community is mandatory. Area health care providers are welcoming the chance to hear the public's concerns.

"We hope that the survey and the town hall will allow us to determine what the community members see as the biggest needs throughout Johnson County," said Shannon Cates, a spokesperson for Shawnee Mission Medical Center. "This is a good chance for us to talk with them directly."

The assessment process includes two town hall meetings and mail-in and online surveys. Both hospitals stress that citizens should not base their answers on a particular hospital or clinic's offerings but look at what is available in the community as a whole.

Shawnee Mission Medical Center is mailing 2,500 surveys to citizens all over Johnson County, but any Johnson County resident can take the survey online at https://www.surveymonkey.com/s/CHNA_SMMC.

None To boost survey turnout, the hospital is giving away Best Buy gift cards to three randomly selected survey respondents. Participants must return their surveys by today.

"It's the first step in determining what community members feel their health needs are or where services are lacking in the community," Cates said.

Olathe Medical Center spokeswoman Stephanie Manning said the town hall meetings would use a structured approach, featuring a short presentation. After that, participants will have discussions in small groups to come up with a list of their top community health concerns. By the end, the group will have a larger discussion, concluding with a vote to determine a final list of concerns to present to the county.

Officials are hoping that about 150 people will attend each meeting. Manning said the hospital has invited a variety of community leaders and elected officials in addition to the general public.

Some of the issues that health department director Lougene Marsh expects to rise to the top are obesity, nutrition, dental care, mental health and substance abuse.

"Knowing we're never going to have all the resources we need to address all the needs in the community, (this helps by) giving a more razor-sharp focus on what are the highest priorities," Marsh said.

Not all the issues are ones you'd normally associate with health care.

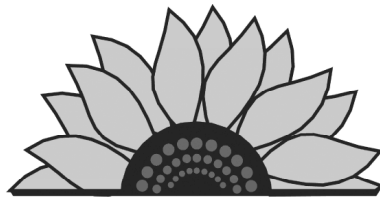
Other items being addressed in the assessment include the affordability of healthy food and the availability of green spaces, such as parks, where people can go to exercise. Marsh said that, in a broad sense, all of these things affect a community's health.

The county is already working on a program to provide free dental screenings to all children through the schools, with the help of local dental professionals, Marsh said.

Read more here: <http://joco913.com/news/community-health-assessment-helps-set-priorities-for-services/#storylink=cpy>



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JOHNSON COUNTY
DEPARTMENT OF
Health & Environment

October 31, 2012

Dear NAME,

Shawnee Mission Medical Center (SMMC) and the Johnson County Department of Health & Environment (JCDHE) are working together to create the Johnson County Community Health Needs Assessment, a public report that will be used to shape health care delivery in Johnson County.

You are invited to a public Town Hall meeting on **Tuesday, November 13, 5:30-7 p.m., at Matt Ross Community Center, 8010 Marty, in downtown Overland Park.** This gathering will allow you to voice your opinion about our community's top health care needs and the most efficient way for SMMC and JCDHE to deliver those services. A light dinner will be provided.

SMMC and JCDHE are working with Vince Vandelaar from VVV Research and Development, Inc., to facilitate this meeting and assist in creating the final report.

We would appreciate your input at this important meeting. To RSVP, or if you have questions, contact Shannon Cates, SMMC Marketing Manager, at 913-789-5565.

We hope to see you on November 13.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ken Bacon'.

Ken Bacon
President & CEO
Shawnee Mission Medical Center

A handwritten signature in black ink, appearing to read 'Lougene Marsh'.

Lougene Marsh, HED
Director
Johnson County Department of Health & Environment

Eating right, staying fit top health needs of Johnson Co. residents

By Mike Sherry for KHI News Service, Nov. 15, 2012



On Tuesday evening, Linda Leeper (left), chief executive with the Shawnee Chamber of Commerce, and Cherie Boxberger, of the American heart and stroke associations in Overland Park, discussed the health needs of residents in northern Johnson County. They were among about 40 participants gathered by Shawnee Mission Medical Center to help it comply with a mandate of the Affordable Care Act.

OVERLAND PARK, Kan. - Help with eating right and staying fit are two top health needs for residents of northern Johnson County, according to a group of community leaders.

At the invitation of Shawnee Mission Medical Center, the officials gathered Tuesday evening at the Matt Ross Community Center in downtown Overland Park.

Other significant needs cited by the participants included improved access to mental health services and options for senior care. About 40 people were at the forum.

Trevor Wright, the hospital's chief operating officer said the feedback at the forum was invaluable.

Hospital administrators can look at data and survey results to determine community needs, "but this puts a face and voice behind that," he said.

The medical center organized the meeting to help it compile a community health needs assessment for its service area, which includes 23 ZIP codes within about 10 miles of the hospital.

The assessments are required under the Affordable Care Act for nonprofit hospitals, according to Vince Vandehaar, the hospital's consultant who facilitated the meeting. He said the health-care reform law broadened reporting requirements to justify hospitals' nonprofit status.

Beginning next year, the rules will require nonprofit hospitals to do a similar review every three years. According to information provided by Vandehaar, hospitals must also have an implementation strategy in place by next year to address the needs determined in the assessment process.

The new requirements also apply to Olathe Medical Center. Vandehaar facilitated a public meeting for that hospital earlier this month.

He said participants at that forum raised similar concerns to those identified in the northern part of the county, including the need for more behavioral health services and help with attacking chronic diseases by addressing problems such as obesity.

It's important to discuss these issues, Vandehaar told the group Tuesday evening.

"Most people don't think about health numbers every day," he said.

The Johnson County Department of Health and Environment also is part of the discussion.

The department issued an updated [Community Health Improvement Plan](#) in May as part of its effort to earn certification through the Public Health Accreditation Board.

The priorities of that plan were mirrored in the issues raised at the hospital forums:

- Increased physical activity and better nutrition for residents.
- Improved access to health care.
- And better availability of treatment for substance abuse and mental health problems.

Vandehaar presented data that included the results of a survey Shawnee Mission Medical Center recently conducted of residents in its service area.

About 10 percent of the approximately 630 respondents listed access to mental health care as "poor" or "very poor." That was the highest negative rating of the availability of services from the survey. The second biggest service gap turned up in the survey was availability of nursing home care; 7.8 percent of respondents ranked access to those services as "poor" or "very poor."

Vandehaar also cited data from the [annual county health rankings](#) compiled by the Robert Wood Johnson Foundation and the Population Health Institute at the University of Wisconsin.

In that report, Johnson County ranked first among Kansas' 105 counties in several categories last year, but it came in 63rd for "physical environment."

Vandehaar attributed that mostly to the relatively poor air quality in the Kansas City metropolitan area, but that category also included resident's access to recreational facilities, which play a role in the physical fitness of a community.

Nothing presented at the forum suggested that Shawnee Mission Medical Center needed to radically shift directions, Wright said. The comments, he said, validated the hospital's focus on wellness and mental health services.

The priorities identified by the group might seem fairly obvious, said participant Cherie Boxberger, quality and system improvement director with the American Heart Association and the American Stroke Association in Overland Park.

But, she said, it helped to see all the facts and figures in one presentation to "get a pulse" for the county's status and to take a "foundational step" toward addressing the needs.

Johnson County might have plenty of parks and a highly educated population that knows the importance of eating right and exercising, Boxberger said, but that doesn't mean everyone takes advantage of the amenities or lives a healthy lifestyle.

The hospital and its physicians, she said, can play an important role in driving home the need for personal responsibility.

Your spouse might bug you for years to quit smoking, she said, but it's different coming from your doctor.

"People will listen to their physician," Boxberger said.

The Health Care Foundation of Greater Kansas City is proud to partner with the Kansas Health Institute news service to provide weekly health stories about health and policy issues impacting the greater Kansas City region. This News Service is an editorially independent program of the Kansas Health Institute and the Health Care Foundation of Greater Kansas City and is committed to objective coverage of health issues.

Assessment to check on community health 913

Oct.9, 2012 **Steve Rosen** The Kansas City Star

A public- and private-sector partnership has begun taking the temperature of Johnson County's community health needs as part of federal health care reforms.

The Johnson County Department of Health and Environment is working with Olathe Medical Center and Shawnee Mission Medical Center over the next two months to gather information on community health issues.

Under the federal Affordable Care Act, nonprofit hospitals are required to perform a community health needs assessment every three years. The results are expected to guide current and future health care needs for each hospital's primary service area, the county health department said.

Last week , Shawnee Mission Medical Center mailed a survey to residents asking about health care practices and access to services. Survey returns are due by Oct. 31.

NOTE: If you would like to take survey online please connect with below link:

https://www.surveymonkey.com/s/CHNA_SMMC

In addition, two other fact-finding programs are planned: Olathe Medical Center will host a town hall dinner meeting on Nov. 1 at the Olathe Health Education Center, 21201 W. 152nd St.. The event runs from 5:30 p.m. to 7 p.m.

- Shawnee Mission Medical Center will hold a public town hall dinner meeting on Nov. 13, at the Matt Ross Community Center, 8101 Marty St., Overland Park. The meeting is scheduled from 5:30 p.m. to 7 p.m.

Vince Vandelaar, managing consultant from VVV Research & Development Inc. in Olathe, has been hired to oversee the research assessment.

To reach Steve Rosen, call 816-234-4879, or send email to srosen@kcstar.com.

Detail Primary Research

[SMMC Community Health Needs Assessment]

Community Healthcare Needs Assessment 2012

What is your age?	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
Under 18 (omit)	2	0.1%	0	0.0%	0	0.0%
18 - 44	765	29.1%	185	33.9%	144	31.0%
45 - 64	1169	44.4%	245	45.0%	209	45.0%
65 - 74	366	13.9%	64	11.7%	63	13.6%
Over 75	328	12.5%	51	9.4%	48	10.3%
Totals	2630	100.0%	545		464	
Your gender?	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
Male	642	25.0%	121	22.7%	113	25.1%
Female	1927	75.0%	412	77.3%	338	74.9%
Totals	2569	100.0%	533		451	
How would you identify yourself?	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
a) Caucasian / White American	2520	95.7%	494	90.3%	420	90.3%
b) African American / Black American	28	1.1%	19	3.5%	18	3.9%
c) Latino / Hispanic American	31	1.2%	17	3.1%	13	2.8%
d) American Indian / Native Alaskan	9	0.3%	5	0.9%	3	0.6%
e) Asian American / Pacific Islander	13	0.5%	6	1.1%	6	1.3%
f) Multicultural / Multiracial	10	0.4%	1	0.2%	1	0.2%
Other (please specify)	23	0.9%	5	0.9%	4	0.9%
Totals	2634	100.0%	547		465	
How would you describe your household?	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
Single	444	16.9%	94	17.3%	87	18.8%
Married	617	23.5%	111	20.4%	99	21.4%
Married with children at home	665	25.4%	162	29.8%	122	26.4%
Married with children no longer at home	528	20.1%	89	16.4%	77	16.7%
Divorced	183	7.0%	45	8.3%	38	8.2%
Other	185	7.1%	43	7.9%	39	8.4%
Totals	2622	100.0%	544		462	
Regarding your health insurance coverage..	KS CHNA NORM N=2891	%	Total CHNA N=606	%	SMMC PSA N=469	%
Private Insurance you purchased	364	13.2%	46	8.1%	40	9.0%
Medicare	545	19.7%	81	14.2%	77	17.3%
Medicaid	33	1.2%	3	0.5%	3	0.7%
Covered by Employer (employer pays total cost)	264	9.5%	30	5.3%	24	5.4%
Covered by Employer (you & employer share cost)	1267	45.8%	342	60.0%	283	63.6%
No Coverage (Uninsured)	106	3.8%	23	4.0%	18	4.0%
Other (please specify)	189	6.8%	45	7.9%	0	0.0%
Totals	2768	100.0%	570		445	

CHNA Returns by zip		SMMC PSA		Total CHNA N=606	%		
CITY	ZIP	H Holds 11	Sent	Replies	%	County	
CHNA Survey Totals - SMMC PSA only		139791	3000	437	14.6%		
MISSION	66202	8138	175	24	13.7%	JOHNSON	
SHAWNEE	66203	8551	180	36	20.0%	JOHNSON	
OVERLAND PARK	66204	8705	189	44	23.3%	JOHNSON	
MISSION	66205	6163	136	11	8.1%	JOHNSON	
LEAWOOD	66206	4220	90	10	11.1%	JOHNSON	
OVERLAND PARK	66207	5541	121	14	11.5%	JOHNSON	
PRAIRIE VILLAGE	66208	9140	199	27	13.6%	JOHNSON	
OVERLAND PARK	66210	8550	182	19	10.4%	JOHNSON	
LEAWOOD	66211	2334	52	7	13.5%	JOHNSON	
OVERLAND PARK	66212	14160	310	64	20.6%	JOHNSON	
OVERLAND PARK	66214	4923	104	12	11.5%	JOHNSON	
LENEXA	66215	10449	222	41	18.5%	JOHNSON	
SHAWNEE	66216	9509	209	43	20.6%	JOHNSON	
SHAWNEE	66217	2041	44	5	11.3%	JOHNSON	
SHAWNEE	66218	2558	57	9	15.7%	JOHNSON	
LENEXA	66219	4300	96	9	9.3%	JOHNSON	
LENEXA	66220	2496	58	11	19.0%	JOHNSON	
SHAWNEE	66226	4071	87	18	20.6%	JOHNSON	
LENEXA	66227	1786	40	11	27.6%	JOHNSON	
DE SOTO	66018	2110	44	3	6.8%	JOHNSON	
KANSAS CITY	66101	4743	94	8	8.5%	WYANDOTTE	
KANSAS CITY	66102	9183	188	6	3.2%	WYANDOTTE	
KANSAS CITY	66103	6120	123	5	4.1%	WYANDOTTE	
Other Zips OOA		ZIP	H Holds 11	Sent	Replies	%	CNTYNAME
	OLATHE	66061	20165	NA	28	NA	JOHNSON
	OLATHE	66062	26096	NA	23	NA	JOHNSON
	OVERLAND PARK	66213	10609	NA	16	NA	JOHNSON
	GARDNER	66030	7289	NA	6	NA	JOHNSON
	OVERLAND PARK	66221	5200	NA	5	NA	JOHNSON
	OVERLAND PARK	66223	8228	NA	3	NA	JOHNSON
	LEAWOOD	66209	8010	NA	2	NA	JOHNSON
	STILWELL	66085	2755	NA	2	NA	JOHNSON
	SPRING HILL	66083	3285	NA	2	NA	JOHNSON
	OVERLAND PARK	66224	3910	NA	1	NA	JOHNSON
	EDGERTON	66021	952	NA	1	NA	JOHNSON
	BONNER SPRINGS	66012	4130	NA	6	NA	WYANDOTTE
	KANSAS CITY	66106	8456	NA	3	NA	WYANDOTTE
	KANSAS CITY	66109	7796	NA	2	NA	WYANDOTTE
	KANSAS CITY	66111	3569	NA	1	NA	WYANDOTTE
	KANSAS CITY	66105	877	NA	1	NA	WYANDOTTE
	Other Zips				16		



October 2012

Dear Johnson County KS Resident:

With U.S. Healthcare Reform, comes legislation to collect public opinion regarding community health care needs. Over the next two months, the Johnson County Department of Health and Environment is partnering with Shawnee Mission Medical Center to conduct a community health needs assessment. We need your input today.

In order to gather this information, a confidential survey has been developed (for research purposes only) by VVV Research & Development INC, a Kansas City area based marketing research consulting firm. Results of this assessment work will be presented at an upcoming CHNA Town Hall hosted by Shawnee Mission Medical Center on Tuesday Nov 13th at Matt Ross Community Center from 5:30-7pm.

To encourage a high level of response, a SMMC drawing will be held on 11/2/12 to give away ten (10) \$80 Best Buy gift cards. For more information go to: www.shawneemission.org/.

Note: If an online survey is better for you, please enter the follow address into your online browser: https://www.surveymonkey.com/s/CHNA_SMMC

Thank you in advance for your help in completing this confidential survey. Survey return deadline is Tuesday Oct 31st 2012.

Yours truly,

**Vince V. Vandelaar MBA
Managing Consultant
VVV Research & Development INC
Olathe KS 66061
913.302.7264**

2012 Community Health Needs Assessment: Shawnee Mission Medical Center Service Area

We need your input. **Shawnee Mission Medical Center and the Johnson County Department of Health** are working together to conduct a Community Health Needs Assessment. With U.S. Healthcare Reform, comes legislation to collect public opinion regarding community health care needs. In order to gather this information a confidential survey has been developed (for research purposes only). **To encourage a high level of response, a SMMC drawing will be held to give away ten (10) \$80 Best Buy gift cards.**

NOTE: If you prefer, you can complete this same survey online by copying the following link into your browser: https://www.surveymonkey.com/s/CHNA_SMMC

All survey returns are due on Wed October 31st, 2012. Thank you.

Part I: HEALTHCARE PERCEPTIONS & SATISFACTION

1. In general, how would you rate the overall quality of the healthcare delivered to your community?

	Very Good	Good	Fair	Poor	Very Poor
OVERALL Quality of Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How satisfied are you with each of the following: (Check one box per row)

	Very Good	Good	Fair	Poor	Very Poor	N/A
a) Ambulance Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eye Doctor / Optometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Public Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) Specialist Physician Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

3. Over the past 2 years, did you or your household receive health care services outside of your county?

Yes No

If yes, please specify the healthcare services you received

4. Are there healthcare services in your community / neighborhood that you feel need to be improved and / or changed? (Please be specific)

5. In your opinion, how much of a problem are the following causes of diseases or disability in your community? (Check one box per row)

	Not a Problem	Somewhat of a Problem	Major Problem	Don't Know
a) Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Drugs / Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Mental Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Pneumonia / Flu	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Respiratory Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Sexually Transmitted Diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)				

6. How well do you feel our local health care providers are doing in addressing the health needs of the following age groups? (Check one box per row)

	Very Good	Good	Fair	Poor	Very Poor	N/A
Infants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 1- 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 13 - 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 18 - 44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 45 - 64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 65 - 84	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Over 85	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Does our community need any additional healthcare providers?

- Yes No

If yes, please specify what is needed:

**8. In your opinion, what areas need additional education or attention in our community?
(Check all that apply)**

- | | | |
|---|---|---|
| <input type="checkbox"/> a) Abuse / Violence | <input type="checkbox"/> i) Mental Illness | <input type="checkbox"/> q) Sexually Transmitted Diseases |
| <input type="checkbox"/> b) Aging (Dementia) | <input type="checkbox"/> j) Neglect | <input type="checkbox"/> r) Suicide |
| <input type="checkbox"/> c) Alcohol | <input type="checkbox"/> k) Nutrition | <input type="checkbox"/> s) Teen Pregnancy |
| <input type="checkbox"/> d) Alternative Medicine | <input type="checkbox"/> l) Obesity | <input type="checkbox"/> t) Tobacco Use |
| <input type="checkbox"/> e) Child Care | <input type="checkbox"/> m) Ozone | <input type="checkbox"/> u) Uninsured / Underinsured |
| <input type="checkbox"/> f) Chronic Diseases | <input type="checkbox"/> n) Pain Management | <input type="checkbox"/> v) Vaccinations |
| <input type="checkbox"/> g) Family Planning / Birth Control | <input type="checkbox"/> o) Poverty | <input type="checkbox"/> w) Water Quality |
| <input type="checkbox"/> h) Lead Exposure | <input type="checkbox"/> p) Preventative Healthcare | <input type="checkbox"/> x) Wellness Education |

Other (please specify)

PART II: YOUR HEALTH PRACTICES

9. In general, how would you best describe your health? (Choose one)

- Very Good
 Good
 Fair
 Poor
 Very Poor

10. Compared to a year ago, how would you rate your overall health now?

- Much better than a year ago
 About the same
 Much Worse than a year ago

11. Does your household have a provider you use for primary care?

- Yes
 No

If Yes, Please give Physician's name / Specialty / City

12. Have you had a physical in the past 12 months?

- Yes
 No

If no, why not? (Be specific)

13. Check which health practices you follow: (Check one box per row)

	Yes	No	N/A
If over 50, have you had a colonoscopy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If male over 40, do you have annual prostate exams?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If female over 30, do you have annual mammograms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If female, do you have a pap smear every other year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you get 2.5 hours a week of Moderately intense physical activity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please complete sentence below. Are you:

- | | Yes | No | N/A |
|---|-----------------------|-----------------------|-----------------------|
| a) Eating right (Daily5+servings-fruits/veg/wheat)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Using tobacco products weekly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Exercising 2-3 times weekly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Consuming alcohol (more than 1 drink daily)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Receiving an annual flu shot? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Part III: A LITTLE MORE ABOUT YOU

15. What is your age?

- Under 18 18 - 44 45 - 64 65 - 74 Over 75

16. Your gender?

- Male Female

17. How would you identify yourself?

- a) Caucasian / White American d) American Indian / Native Alaskan
 b) African American / Black American e) Asian American / Pacific Islander
 c) Latino / Hispanic American f) Multicultural / Multiracial

Other (please specify)

18. How would you describe your household?

- Single Married with children no longer at home
 Married Divorced
 Married with children at home Other _____

19. Regarding your health insurance coverage, what type of health coverage is your primary plan? (Choose one)

- Private Insurance you purchased Covered by Employer (employer pays total cost)
 Medicare Covered by Employer (you & employer share cost)
 Medicaid No Coverage (Uninsured)

Other (please specify)

20. What is your home 5 digit zip code?

Thank you. Please return completed survey with enclosed business reply envelope.

CHNA Report contact :

Shannon Cates
Shawnee Mission Medical Center
9100 W. 74th Street
Shawnee Mission, KS 66204
Phone: 913-676-2000