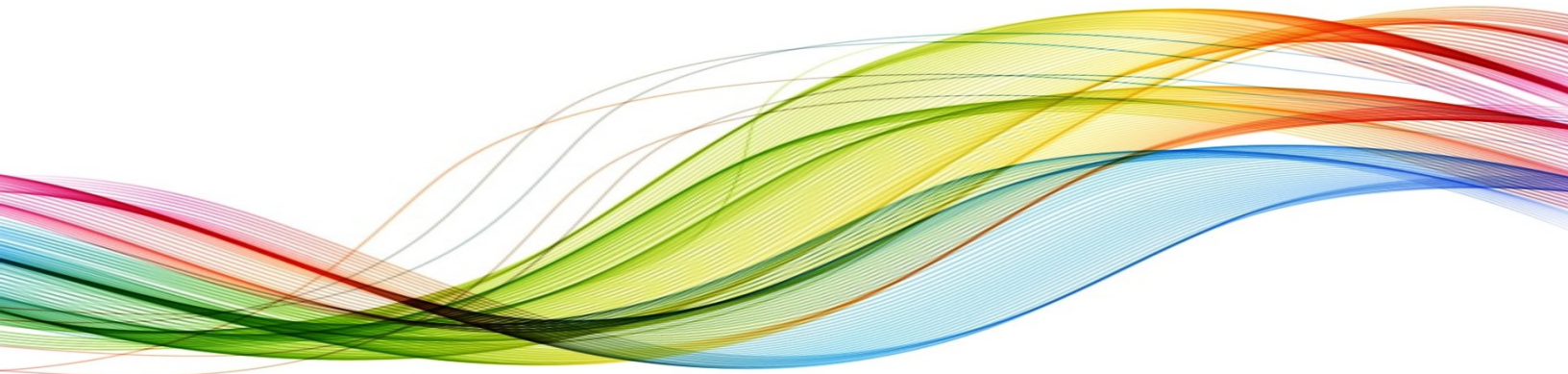




**Community Health Needs Assessment  
Olathe Medical Center  
Johnson County, KS**

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**January 2019**

**VVV Consultants LLC  
Olathe, KS**

# Community Health Needs Assessment

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# I. Executive Summary

## Olathe Medical Center- Johnson County, KS - 2018 Community Health Needs Assessment (CHNA) Wave #3

Creating healthy communities requires a high level of mutual understanding and collaboration among community leaders. The development of this assessment brings together community health leaders and providers, along with the local residents, to research and prioritize county health needs and document community health delivery success. This health assessment will serve as the foundation for community health improvement efforts for the next three years.

Johnson County, KS previous CHNA was completed in 2016. (Note: The Patient Protection and Affordable Care Act (ACA) require not-for-profit hospitals to conduct a CHNA every three years and adopt an implementation strategy to meet the needs identified by the CHNA). Wave #3 Johnson County KS CHNA assessment began May 2018 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

**Important community CHNA Benefits** for both the local hospital and the health department, are as follows: 1) Increases knowledge of community health needs and resources 2) Creates common understanding of the priorities of the community’s health needs 3) Enhances relationships and mutual understanding between and among stakeholders 4) Provides a basis upon which community stakeholders can make decisions about how they can contribute to improving the health of the community 5) Provides rationale for current and potential funders to support efforts to improve the health of the community 6) Creates opportunities for collaboration in delivery of services to the community and 7) Provides guidance to the hospital and local health department for how they can align their services and community benefit programs to best meet needs, and 8) fulfills Hospital “Mission” to deliver quality health care.

### a) County Health Area of Future Focus

#### Johnson County CHNA Town Hall - “Community Health Improvements Needs”

2018 Wave #3 CHNA - Olathe Medical Center PSA				
Health Priorities - Town Hall ( 55 Attendees, 187 Votes)				
Johnson & Miami County KS				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum %
1	Mental health (diagnosis / screening / data / treatment / after care)	36	19.3%	19.3%
2	Opioid / Drug Abuse (Meth & Marijuana) & Vaping	20	10.7%	29.9%
3	Chronic Care Management	19	10.2%	40.1%
4	Suicide Prevention	18	9.6%	49.7%
5	HealthCare Transportation	18	9.6%	59.4%
6	Affordable Access to Insurance	15	8.0%	67.4%
7	Homeless shelters	11	5.9%	73.3%
8	Obesity (Exercise & Healthy eating)	10	5.3%	78.6%
9	Health Wellness & Prevention	7	3.7%	82.4%
	<b>Total Votes:</b>	<b>187</b>	<b>100%</b>	
Other Items receiving votes: Sub County Disparities, Prenatal / Family Planning, Food insecurity, access local Peds, Violence/Abuse, Drinking, HH Income/Cost of Living, Senior Care, HC Resources Education, KS Advocacy, Access follow-up Supplies and Housing.				

\*\*\* Accum = a running total of voting percentage by need.

## b) Town Hall CHNA Findings: Areas of Strengths

### Johnson County CHNA Town Hall - “Community Health Areas of Strengths”

Johnson Co - Community Health "Strengths"			
#	Topic	#	Topic
1	Ambulance Services	6	Public Health
2	Access to Exercise Opportunities	7	Resource Collaboration
3	Access to Healthcare	8	School System
4	Community Economy	9	Screenings
5	Community Engagement	10	Specialty Physicians

### Key CHNA Wave#3 Secondary Research Conclusions are as follows:

**KANSAS HEALTH RANKINGS:** According to the 2018 Robert Wood Johnson County Health Rankings, Johnson County (KS) was ranked 1<sup>st</sup> in Health Outcomes, 1<sup>st</sup> in Health Factors, and 86<sup>th</sup> in Physical Environmental Quality out of the 105 Counties.

**TAB 1: Demographic Profile.** Johnson County’s population is 591,178 (based on 2017) and the population per square mile (based on 2010) is 1,149 persons. For Johnson County, 6.4% of the population is under the age of 5 and 13.7% is over 65 years old. Fifty-one percent (51%) of Johnson County is Female. Hispanic or Latinos make up 7.5% of the population and there are 11.1% of Johnson County citizens that speak a language other than English at home. In Johnson County, children in single parent households make up 21% and 8.3% in Johnson County are foreign born persons. There are 31,198 Veterans living in Johnson County.

**TAB 2: Economic Profile.** The per capita income in Johnson County is \$41,415, and 5.6% of the population is in poverty. Johnson County has 241,396 total housing units with a severe housing problem of 12%. There are 56,873 total firms (based on 2012) in Johnson County and an unemployment rate of 3.3%. Food insecurity is 11% and there is a long commute to work (23%).

**TAB 3: Schools Health Delivery Profile.** Children eligible for a free or reduced-price lunch is 25% in Johnson County (KS). Ninety-five percent (95.8%) of students graduate high school while 53.6% of students get their bachelor’s degree or higher which is higher than the comparative norm.

**TAB 4: Maternal and Infant Health Profile.** The percent of births where prenatal care started in the first trimester is 89.5% and 20.2% of births in Johnson County occur to unmarried women. Births where mothers have smoked during the pregnancy is only 3.3% and the percent of infants up to 24 months that receive full immunizations is 74.9%, which is higher than the comparative norm.

**TAB 5: Hospitalization/Provider Profile.** There is one primary care physician per 830 people in Johnson County (KS). The percentage of patients who recommend the hospital is 75% and the average time spent in an emergency room is nineteen minutes.

**TAB 6: Social & Rehab Services Profile.** People getting treated for depression in Johnson County is 17.1% and the age-adjusted suicide mortality rate (per 100,000) is 13.4, which is lower than the comparative norm.

**TAB 7: Health Risk Profiles.** Twenty-seven percent (27%) of adults in Johnson County are obese (based on 2014), with 18% of the population physically inactive. Twenty percent of adults drink excessively and 12% smoke in Johnson County. Hyperlipidemia risk is at 44.6% and cancer risk is 8.5%. Atrial Fibrillation risk is at 9.3% in Johnson County, which is higher than the comparative norm.

**TAB 8: Uninsured Profiles/Community Invest.** The adult uninsured rate for Johnson County is 6%.

**TAB 9: Morality Profile.** The life expectancy rate in Johnson County is 80 for Males and 83.2 for Females. Heart Disease Mortality rate (Per 100,000) is 111.7, which is lower than the comparative norm. Alcohol-impaired driving deaths is as high as 30%, but the highest cause of death in Johnson County is cancer.

**TAB 10: Preventative Health Profile.** Ninety-five percent (95%) of Johnson County residents have access to exercise opportunities and as high as 88% monitor diabetes. Sixty-eight percent of women in Johnson County get annual mammography screenings (based on 2014).

Note: For comparison purposes, a KS large county norm has been calculated. Big 12 KS Norm includes the following counties: Johnson, Wyandotte, Butler, Douglas, Leavenworth, Riley, Saline, Sedgwick, Shawnee, Finney, Ellis, Reno.

**Key 2018 Community Feedback Conclusions: Stakeholder feedback from residents, community leaders and providers (N=464) provided the following community insights via an online perception survey:**

- Using a Likert scale, 66.8% of Johnson County (KS) stakeholders would rate the overall quality of healthcare delivery in their community as either Very Good or Good.
- Johnson County stakeholders are satisfied with the following services: Ambulance Services, Child Care, Chiropractors, Dental Care, and ER services.
- When considering past CHNA needs; Mental Health Access, Affordable Health Care Insurance, Obesity, Drug/ Substance Abuse and Healthcare Transportation were identified.

CHNA Wave #3		Ongoing Problem			Pressing
Past OMC CHNAs health needs identified		Johnson Co - OMC PSA N=464		Trend	Johnson Co - OMC PSA N=464
Rank	Topic	Votes	%		RANK
1	Mental Health Access	220	13.9%		1
2	Affordable Health Care Insurance	190	12.0%		2
3	Obesity	150	9.5%		4
4	Drug / Substance Abuse	149	9.4%		3
5	Healthcare Transportation	108	6.8%		10
6	Wellness / Prevention	99	6.3%		5
7	Alcohol Abuse	90	5.7%		8
8	Fitness / Exercise options	88	5.6%		14
9	Nutrition - Healthy Food options	83	5.2%		12
10	Awareness of existing HC services	81	5.1%		11
11	Chronic Health	78	4.9%		7
12	Personal Health Management	65	4.1%		9
13	Primary Care Access	65	4.1%		6
14	Bilingual Healthcare Services	58	3.7%		15
15	Senior Activities	57	3.6%		13
TOTALS		1581	100.0%		

# II. Methodology

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[VVV Consultants LLC]

## II. Methodology

### a) CHNA Scope and Purpose

The federal Patient Protection and Affordable Care Act (ACA) 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**

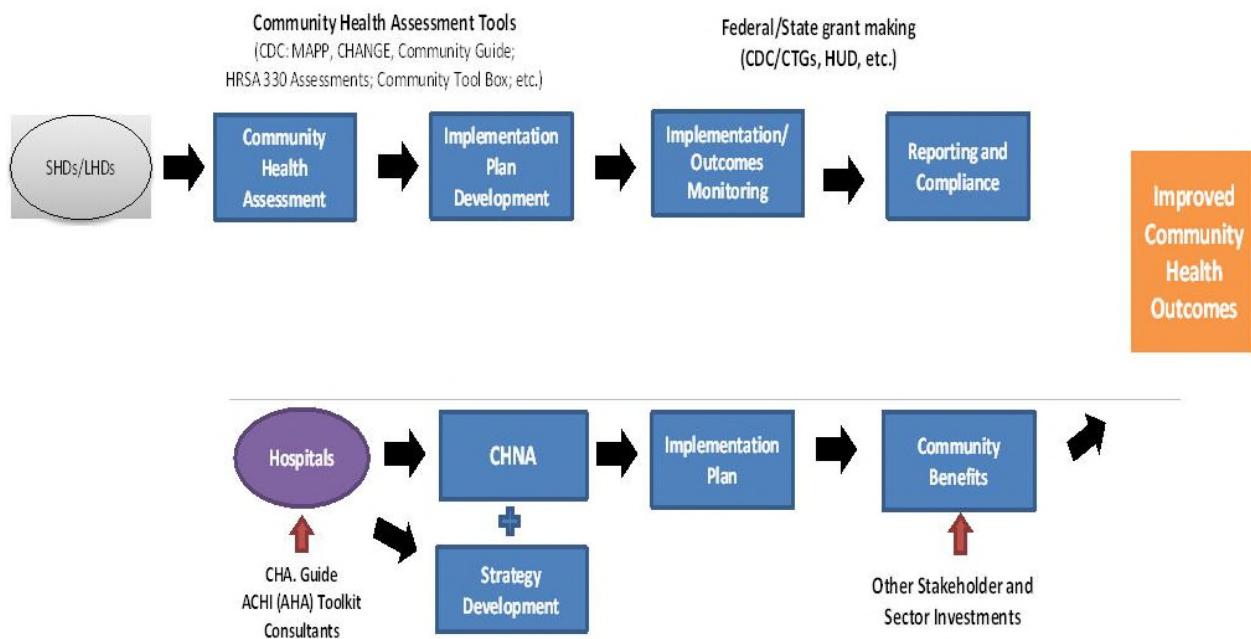
The Notice provides that a CHNA will be considered to be "conducted" in the taxable year that the written report of the CHNA findings is made widely available to the public. The Notice also indicates that the IRS intends to pattern its rules for **making a CHNA "widely available to the public"** after 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 hospitals, the state health department and the local 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**

### Notice and Request for Comments Regarding the Community Health Needs Assessment Requirements for Tax-exempt Hospitals

#### **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.

#### **How and When to Conduct a CHNA**

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.*

## IRS and Treasury Finalize Patient Protection Rules for Tax-Exempt Hospitals

ACCOUNTING TODAY 1/2/15

The Internal Revenue Service and the Treasury Department have issued **final regulations** under the Affordable Care Act to protect patients in tax-exempt hospitals from aggressive debt collection practices and to provide other rules for charitable hospitals.

Under the **final regulations**, each Section 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis: establish written financial assistance and emergency medical care policies; limit the amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy; make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy before engaging in extraordinary collection actions against the individual; and conduct a community health needs assessment, or CHNA, and adopt an implementation strategy at least once every three years. The first three requirements are effective for tax years beginning after March 23, 2010 and the CHNA requirements are effective for tax years beginning after March 23, 2012.

The ACA also added a new Section 4959, which imposes an excise tax for failure to meet the CHNA requirements, and added reporting requirements. These final regulations provide guidance on the entities that must meet these requirements, the reporting obligations relating to these requirements and the consequences for failing to satisfy the requirements.

“Charitable hospitals represent more than half of the nation’s hospitals and play a key role in improving the health of the communities they serve,” wrote Emily McMahon, Deputy Assistant Secretary for Tax Policy at the U.S. Department of the Treasury, in a blog post explaining the requirements. “But reports that some charitable hospitals have used aggressive debt collection practices, including allowing debt collectors to pursue collections in emergency rooms, have highlighted the need for clear rules to protect patients. For hospitals to be tax-exempt, they should be held to a higher standard. That is why the Affordable Care Act included additional consumer protection requirements for charitable hospitals, so that patients are protected from abusive collections practices and have access to information about financial assistance at all tax-exempt hospitals.”

She noted that as a condition of their tax-exempt status, charitable hospitals must take an active role in improving the health of the communities they serve, establish billing and collections protections for patients eligible for financial assistance, and provide patients with the information they need to apply for such assistance. “These final rules adopt the same framework of proposed regulations but simplify the compliance process for charitable hospitals, while continuing to provide meaningful guidance on protections for patients and requirements to assess community health needs,” she added.

Under the new rules, hospitals cannot charge individuals eligible for financial assistance more for emergency or other medically necessary care than the amounts generally billed to patients with insurance (including Medicare, Medicaid, or private commercial insurance). In addition, every tax-exempt hospital must establish and widely publicize a financial assistance policy that clearly describes to patients the eligibility criteria for obtaining financial assistance and the method for applying for financial assistance.

Charitable hospitals are also prohibited from engaging in certain collection methods (for example, reporting a debt to a credit agency or garnishing wages) until they make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial assistance policy.

In addition, each charitable hospital needs to conduct and publish a community health needs assessment at least once every three years and disclose on the tax form that it files on an annual basis the steps it is taking to address the health needs identified in the assessment.

Many of the requirements have been in place since the Affordable Care Act passed in 2010, but in response to comments on the proposed regulations, the final rules also expand access to translations for patients, by lowering the threshold for having translations of financial assistance policies available from 10 percent of the community served as proposed, to five percent of the community served or population expected to be encountered by the hospital facility, or 1000 persons, whichever is less, according to McMahon. "The final rules also revise the notification requirements to maintain important protections for patients while making it easier for hospitals to comply with them," she wrote. "General notifications regarding a hospital's financial assistance policy must appear on bills and in the hospital. However, individual written and oral notifications of the hospital's financial assistance policy are now only required when a hospital plans to use extraordinary collections actions, such as reporting a debt to a credit bureau, selling the debt to a third party or garnishing wages."

While charitable hospitals must continue to make a good-faith effort to comply, the rules provide charitable hospitals with time to fully update their policies and programming to implement the changes. But if a charitable hospital fails to meet the consumer protection provisions required by the law, the hospital could have its tax-exempt status revoked. If a hospital fails to properly conduct a community health needs assessment or adopt an implementation strategy, an excise tax will apply, McMahon noted. "However, if a hospital fails to meet a requirement, but the failure is neither willful nor egregious, the hospital can correct and publicly disclose the error to have it excused, thus avoiding revocation of tax-exempt status, but the excise tax would still apply," she wrote.

# CHNA NEWS: IRS Makes First Revocation of Hospital Not-for-Profit Status Under 501(r)

RICH DALY, HFMA SENIOR WRITER/EDITOR

**Aug. 15, 2017**—Charity-care reporting requirements under the healthcare reform law may have gone into effect only last October, but already one hospital has lost its not-for-profit tax status as a result. The first-time tax-status revocation under Affordable Care Act (ACA) 501(r) requirements applied to a “dual-status” 501(c)(3) hospital operated by a “local county governmental agency” and was confirmed by a redacted copy of the [tax status letter](#), which was dated Feb. 14, 2017, and posted to the IRS website in August. Neither an IRS spokeswoman nor the redacted letter identified the hospital. Loss of the 501(c)(3) exemptions eliminates the ability of hospitals to use certain employee benefit plans; likely subjects hospitals to income, property, and other taxes; bars receipt of tax-deductible contributions; and disallows use of tax-exempt bonds.

The 501(r) requirements on performing community health needs assessments (CHNAs) and offering financial assistance became effective for tax years beginning on or after Dec. 29, 2015, meaning tax-exempt hospitals operating on the calendar had to be in compliance by Jan. 1, 2016, and those with a different fiscal-year end had to be in compliance by Oct. 1, 2016.

The only enforcement information previously released by the IRS was a June 2016 letter to Sen. Charles Grassley (R-Iowa), which noted that at that point the IRS had completed 2,482 compliance reviews under 501(r). Additionally, 163 hospitals were assigned for “examination” as a result of those compliance reviews, but no further actions were identified.

The ACA requires the IRS to review the community-benefit activities of about 3,000 tax-exempt hospitals at least once every three years. This was the first time that Keith Hearle, president, Verité Healthcare Consulting, LLC, Alexandria, Va., had heard of an instance in which a hospital lost its not-for-profit status over 501(r) requirements. He has heard of several others that incurred the \$50,000 excise tax for failing to meet the CHNA requirement.

“I would be surprised if it is a one-off,” said Hearle, who has been expecting more IRS enforcement after his own reviews indicated widespread hospital vulnerability due to poor compliance.

## Reasons for Revocation

Hospital 501(r) requirements include:

- Conducting a CHNA at least once every three years
- Making the CHNA publicly available on a website
- Adopting an implementation strategy to meet the needs identified in the CHNA
- Adopting a financial assistance policy and publicizing the policy, including by posting it on a website
- Limiting the amounts charged to individuals who are eligible for financial assistance
- Making individuals aware of the financial assistance policy prior to engaging in certain collection actions

Among the reasons for the IRS action against the county government hospital was its finding that the hospital did not make the CHNA widely available to the public through a website, although it had paper copies available on request. “The hospital indicated to the IRS that it might have acted on some of the recommendations included in the Implementation Strategy Report, but that a separate written implementation policy was neither drafted nor adopted,” the IRS letter stated.

Officials at the small rural hospital said they lacked the staffing to comply with 501(r) requirements. They also said they “really did not need, actually have any use for, or want their tax-exempt status under Section 501(c)(3),” according to the IRS letter. The hospital believed its tax-exempt status somehow prevented its involvement in certain payment arrangements. It had maintained 501(c)(3) status “only in case any liabilities arose relating to the prior management company that had originally obtained that status from the IRS.”

The IRS deemed the hospital’s failure “egregious” because its leaders had “neither the will, the resources, nor the staff to follow through with the” 501(r) requirements.

### Widespread Vulnerability

Industry advisers worry that many hospitals could be vulnerable to IRS enforcement—if not tax-status revocation—under the new requirements. “A lot of them just assume that what they have, in terms of policy and procedure, suffices under the final regulations and have not done a lot,” said Andrew Kloeckner, a partner for Omaha-based law firm Baird Holm.

Even hospitals that have taken steps to become compliant with the requirements can face downsides, including complications with their collection efforts, which in turn can delay cash flow, Kloeckner said.

Jan Smith, a tax senior manager in Crowe Horwath’s Healthcare practice, indicated that the likelihood of a similar penalty or the likelihood of this determination setting a precedent at other hospitals may be limited. This is due to the unusual position taken by the revoked hospital’s officials that they didn’t need or want charitable status (in addition to governmental status).

“If hospitals are making a good-faith effort to comply, I would be surprised if the IRS would revoke their tax status at this stage of 501(r) examinations,” Smith said in an interview. However, she is aware of several health systems that the IRS is seeking to penalize under the CHNA tax provision.

The IRS’s 501(r) compliance reviews include the agency’s analysis of hospital websites and “other information designed to identify the hospitals with the highest likelihood of non-compliance,” IRS Commissioner John Koskinen stated in his 2016 letter to Grassley.

Justin Lowe, senior manager with the Exempt Organizations Tax Practice at Ernst & Young, underscored that hospital websites are among the publicly available information that the IRS reviews. He urged hospitals to make sure that all required documents, including the CHNA and financial assistance policy, are on the website and easily findable. Insufficient approaches to 501(r) compliance, Kloeckner said, include instances when hospitals purchase financial assistance policy templates that are provided by a consultant and not submitted for legal review, potentially leaving audit vulnerabilities. Kloeckner also urged attention on practices and procedures outside of the policies.

Small government-operated hospitals are among the most vulnerable to enforcement, Hearle said, because they may not be required to file Form 990, which provides reminders about 501(r) compliance requirements. “It’s a group of hospitals I’m concerned about,” Hearle said.

Among the financial assistance requirements with which hospitals are most likely to struggle, Hearle said, is making available lists of physicians who are associated with the hospital and who utilize the same charity care policies.

“Patients obtaining charity care from a hospital want to find physician groups through which they can get the same charity care, as opposed to some group that doesn’t offer charity care,” Hearle said.

# Public Health Criteria:

## **Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community.**

Domain 1 focuses on the assessment of the health of the population in the jurisdiction served by the health department. The domain includes: systematic monitoring of health status; collection, analysis, and dissemination of data; use of data to inform public health policies, processes, and interventions; and participation in a process for the development of a shared, comprehensive health assessment of the community.

### **DOMAIN 1 includes 4 STANDARDS:**

- **Standard 1.1** - Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment
- **Standard 1.2** - Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and on the Health Status of the Population
- **Standard 1.3** - Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health
- **Standard 1.4** - Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

### **Required CHNA Planning Process Requirements:**

- a. Participation by a wide range of community partners.
- b. Data / information provided to participants in CHNA planning process.
- c. Evidence of community / stakeholder discussions to identify issues & themes. Community definition of a "healthy community" included along with list of issues.
- d. Community assets & resources identified.
- e. A description of CHNA process used to set priority health issues.

### **Seven Steps of Public Health Department Accreditation (PHAB):**

1. Pre-Application
2. Application
3. Document Selection and Submission
4. Site Visit
5. Accreditation Decision
6. Reports
7. Reaccreditation



## 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 and health department CHNA partners:

#### **Olathe Medical Center**

20333 West 151<sup>st</sup> St

Olathe, KS 66061

**CEO: Stan Holm**

Olathe Medical Center (OMC) is a member of the Olathe Health (OH). OMC's mission and vision are the same as OH.

**About Us:** For more than 60 years, Olathe Medical Center has expanded its services to meet the growing needs of the community. Today, Olathe Medical Center is located at Olathe Medical Park, one of the largest hospital campuses in the Midwest - a nearly 250-acre campus at 151st Street and I-35 in southern Johnson County. The five-story acute-care medical center is licensed for 300 beds and averages more than 44,000 patient care days per year. Its emergency care center is one of the busiest in the region, with more than 42,000 patients treated annually.

The not-for-profit medical center and its network of practicing physicians specialize in nearly every area of medicine. Olathe Medical Park houses several centers of excellence, including Olathe Medical Center's Cardiovascular Center, Olathe Regional Oncology Center, The Birth Place and The Kansas Joint Specialty Center. What began in 1953 as a 30-bed hospital has become a regional medical center.

**Mission:** To help people through healing, health and happiness.

#### **Vision:**

OMC is committed to be the premier healthcare provider and employer throughout the communities we serve.

## Services and Specialties

As a member of Olathe Health, OMC has access to numerous health delivery areas such as:

Allergy & Asthma	Neurology
Arthritis & Rheumatology	Neurosurgery
Bariatric Surgery (Weight Loss)	Obstetrics/Gynecology
Blood Disorders (Hematology)	Oncology
Breast Care	Ophthalmology
Cancer Care (Oncology)	Orthopedics & Sports Medicine
Cardiac and Pulmonary Rehab	Pain Management
Cardiovascular Care (Heart)	Pediatrics
Critical / Intensive Care	Pharmacy
Dermatology	Physical Medicine and Rehabilitation
Diabetes Care	Plastic & Reconstructive Surgery
Doctors Who Deliver Babies	Podiatry
Ear, Nose & Throat (Otolaryngology)	Pulmonology
Emergency Medicine	Radiation Oncology
Endocrinology	Radiology
Family Medicine	Rehabilitation Services (Physical, Occupational, Speech)
Gastroenterology	Rheumatology
Hand Surgery	Sinus Care
Hematology	Skin Rejuvenation
Home Healthcare	Sleep Disorders
Hospice	Stroke Care
Infectious Disease	Surgery
Infertility (Reproductive Endocrinology)	Urgent Care
Internal Medicine	Urology
Joint Replacement	Vascular Surgery
Laboratory	Vein Care Center
Mammography	Women's Health
Migraine Surgery	Wound Care and Hyperbaric Medicine
Nephrology	

## **Johnson County Department of Health and Environment**

111 S Cherry St  
Olathe, KS 66061  
913-715-5000

**Director: Lougene Marsh**

**About Us:** Public health is one of the most important services we provide the residents of Johnson County Government. Every day, in many ways, we strive to prevent disease and promote wellness. Our Olathe and Mission walk-in clinics offer services including immunizations, pregnancy testing and family planning, and Tuberculosis testing. The Johnson County Mental Health Center provides a wide range of mental health and substance abuse services to residents. We serve clients of the Kansas WIC program, teach classes for child care providers, manage disease investigation and reporting, and so much more.

**Services include:** immunizations, communicable disease surveillance, TB testing, refugee health testing, prenatal, WIC, reproductive health, STD screening, HIV testing, child care facilities' licensure, health education classes, workshops & trainings, injury prevention activities (Safe Kids Johnson County), chronic disease risk reduction activities, and senior and community wellness activities.

**Programs include:** Outreach Nurse, Public Health Emergency Program, Targeted Case Management, Making a Difference, Air Quality, Household Hazardous Waste, Solid Waste Management, On-site Sewage Treatment, Ozone Reduction and Pool Inspections. JCDHE is also a Continuing Nursing Education Provider.

**Services are provided at three sites:** 11875 S. Sunset Drive, Olathe (Health Services Center); 11811 S. Sunset Drive, Olathe (Sunset Building); and 6000 Lamar Ave., Mission (Northeast Office Building).

**Vision:** The innovative leader for community health and environmental protection.

**Mission:** To protect the health and environment, prevent disease and promote wellness for all who live, work and play in Johnson County through exceptional public service.

## II. Methodology

### b) Collaborating CHNA Parties Continued

#### Consultant Qualifications



#### VVV Consultants LLC

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

**Vince Vandelaar MBA, Principal Consultant & Adjunct** (913) 302-7264

[VVV@VandelaarMarketing.com](mailto:VVV@VandelaarMarketing.com)

Vince provides professional business consulting services to help healthcare organizations with business strategy, research and development. Specifically, Vince facilitates strategic planning, creates proven marketing plans/tactics, prepares IRS aligned community health needs assessments and conducts both qualitative and quantitative market research studies.

Vince started his consulting firm (VVV Consultants LLC) on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. (Note: Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003). Prior to his experience at Saint Luke's, Vince worked in the payor and insurance industry for Blue Cross and Blue Shield of Kansas City; Tillinghast, a Tower's Perrin Actuarial Consulting Firm; and Lutheran Mutual Life Insurance Company.

Vince also is an Adjunct Professor teaching BA, MBA & MHA classes part time 20% of his time at Avila, Rockhurst and/or Webster University (Strategic Planning, Marketing, MHA Capstone, Marketing Research, Sales & Social Media classes) and consults the remainder of his time.

Vince is a Malcolm Baldrige coach and a professional focus group moderator. He is actively involved in the national Society for Healthcare Strategy & Market Development (SHSMD), KHA/MHA Marketing Associations, KC Employee Benefit Professional Association, Healthcare Executives Kansas City, the American Marketing Association KC Chapter and is a SG2 advocate.

#### **Collaborating Support:**

Tessa Taylor, BA BBA- VVV Consultants LLC  
Associate Consultant

## II. Methodology

### c) CHNA and Town Hall Research Process

Wave #3 Community Health Needs Assessment (CHNA) process began in June 2018 for Johnson County, KS to meet IRS CHNA requirements.

In August 2018 a meeting was called by OMC to review possible CHNA collaborative options, partnering with Johnson County Department of Health and Environment. Note: VVV Consultants LLC from Olathe, KS was asked to facilitate this discussion with the following agenda: VVV CHNA experience, review CHNA requirements (regulations) and discuss CHNA steps/options to meet IRS requirements and to discuss next steps. Outcomes from discussion lead to OMC (Olathe Health) requesting VVV Consultants LLC to complete a CHNA IRS aligned comprehensive report.

#### VVV CHNA Deliverables:

- Document Hospital Primary Service Area - meets the 80-20 Patient Origin Rule.
- Uncover / document basic secondary research county health data, organized by 10 tabs.
- Conduct / report CHNA Community Check-in Feedback Findings (primary research).
- Conduct a Town Hall meeting to discuss with community secondary & primary data findings leading to determining (prioritizing) county health needs.
- Prepare & publish CHNA report which meets ACA requirements.

To ensure proper PSA Town Hall representation (that meets the 80-20 Patient Origin Rule), a patient origin three-year summary was generated documenting patient draw by zips as seen below:

Olathe Medical Center Service Area Z=15							
Define PSA ....				Patient Totals - IP/OP/ER			
#	Zip	City	ST	County	Total	%	Accum
Grand Total					451,046	100.0%	0.0%
1	66062	Olathe	KS	JOHNSON	108,551	24.1%	24.1%
2	66061	Olathe	KS	JOHNSON	104,829	23.2%	47.3%
3	66030	Gardner	KS	JOHNSON	47,829	10.6%	57.9%
4	66071	Paola	KS	MIAMI	16,353	3.6%	61.5%
5	66083	Spring Hill	KS	JOHNSON	19,981	4.4%	66.0%
6	66064	Osawatomie	KS	MIAMI	7,413	1.6%	67.6%
7	66053	Louisburg	KS	MIAMI	4,939	1.1%	68.7%
8	66213	Overland Park	KS	JOHNSON	6,900	1.5%	70.2%
9	66067	Ottawa	KS	FRANKLIN	8,818	2.0%	72.2%
10	66040	La Cygne	KS	LINN	3,310	0.7%	72.9%
11	66021	Edgerton	KS	JOHNSON	6,373	1.4%	74.3%
12	66092	Wellsville	KS	FRANKLIN	7,926	1.8%	76.1%
12	66221	Overland Park	KS	JOHNSON	5,849	1.3%	77.4%
13	66215	Lenexa	KS	JOHNSON	5,807	1.3%	78.7%
14	66223	Overland Park	KS	JOHNSON	4,008	0.9%	79.6%
15	66212	Overland Park	KS	JOHNSON	3,781	0.8%	80.4%

Specific CHNA roles, responsibility and project timelines are document by the following calendar.

<b>Olathe Med Center PSA (Johnson Co KS) - CHNA Work Plan</b>			
<b>Wave #3 Project Timeline &amp; Roles 2018</b>			
<b>Step</b>	<b>Date</b>	<b>Lead</b>	<b>Task</b>
1	May 2018	VVV	Presented CHNA Wave #3 options to hospital client
2	6/1/2018	CCCH	Selected CHNA Option C. Approved / signed VVV CHNA quote.
3	6/5/2018	ALL	Conduct CHNA Kickoff Conference Call (Hospital / DOH leaders).
4	6/5/2018	VVV	Send out REQCommInvite Excel file. Hospital client to fill in PSA key stakeholder names, addresses and e-mail addresses.
5	6/5/2018	VVV	Request hospital client to complete zip counts (three year historical PSA IP / OP / ED / Clinic). <b>Use ZipPSA_3yrPOrigin.xls Patient Origin file.</b>
6	6/5/2018	VVV	Request hospital client to send KHA Patient Origin reports (PO 101, 103, TOT223E) to document service area for FFY 15, 16, 17 (KHA HIDI key sent).
7	On or before 7/9/2018	VVV	Prepare CHNA stakeholder feedback online link. Send text link for hospital client to review. Prepare draft e-mail push.
8	Aug 1, 2018	VVV / Hosp	Prepare and send out PR story #1 to PSA media announcing upcoming CHNA / online survey; hospital client to place. Client places CHNA links on their Home Page / Facebook sites.
9	Aug 1, 2018	VVV	Launch online survey to stakeholders. Hospital client will e-mail #1 invite to participate to all stakeholders. Client will finalize Town Hall location / food.
10	July - Sept 2018	VVV	Assemble and complete secondary research. Find and populate 10 TABS. Create Town Hall PowerPoint for presentation.
11	Sept 1, 2018	Hosp	Prepare / send community Town Hall invite #2 (E message/ letter / optional local advertisement).
12	Oct 1, 2018	VVV / Hosp	Prepare / release PR story #2 to local media announcing upcoming Town Hall. VVV will mock up PR release / client will place.
13	Wednesday 10/24/2018 3:00PM	All	Conduct Town Hall practice conference call with hospital client to review Town Hall data and flow.
14	Tues 10/30/2018	VVV	Conduct CHNA Town Hall from 7:30-9 AM at OMC Health Education Center . Review and discuss basic health data, online feedback and rank health needs.
15	On or before 11/30/18	VVV	Complete analysis. Release draft one and seek feedback from leaders at hospital client.
16	On or before 2/1/2019	VVV	Produce and release final CHNA report. Hospital client will post CHNA online.
17	On or before 2/1/2019	TBD	Conduct hospital client Implementation Plan meeting with PSA leadership.
18	30 days prior to end of hospital fiscal year	Hosp	Hold board meetings to discuss CHNA needs, create and adopt an Implementation Plan. Communicate CHNA plan to community.

To meet IRS aligned CHNA requirements and meet Public Health accreditation criteria stated earlier, a four-phase methodology was followed:

**Phase I—Discovery:**

Conduct a 30-minute conference call with the CHNA county health department and hospital clients. Review / confirm CHNA calendar of events, explain / coach clients to complete required participant database and schedule / organize all Phase II activities.

**Phase II—Qualify Community Need:**

A) Conduct secondary research to uncover the following historical community health status for the primary service area. Use Kansas Hospital Association (KHA), Vital Statistics, Robert Wood Johnson County Health Rankings, etc. to document current state of county health organized as follows:

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

B) Gather primary research (stakeholder feedback) to uncover public health needs, practices and perceptions for primary service areas.

**Phase III—Quantify Community Need:**

Conduct a 90-minute Town Hall meeting with required community primary service area residents. At each Town Hall meeting, CHNA secondary data will be reviewed, facilitated group discussion will occur and a group ranking activity to determine the most important community health needs was administered.

**Phase IV—Complete Data Analysis and Create Comprehensive Community Health Needs Assessment:**

Post CHNA report findings to meet both PHAB & IRS CHNA criteria.

After consideration of CHNA stakeholders (sponsoring county health department and hospital), the CHNA Option C was selected with the following project schedule:

Phase I: Discovery.....	May-June 2018
Phase II: Secondary / Primary Research.....	July-Sept 2018
Phase III: Town Hall Meeting.....	October 2018
Phase IV: Prepare / Release CHNA report.....	Nov-Dec 2018

Detail CHNA Development Steps Include:

<b>Development Steps to Create Comprehensive Community Health Needs Assessment</b>	
Step # 1 Commitment	<i>Determine interest level of area healthcare leaders (Hospital, Health Dept., Mental Health Centers, Schools, Churches, Physicians etc.), prepare project quote.</i>
Step # 2 Planning	<i>Prepare brief CHNA Project Work Calendar - list goals, objectives, purpose, outcome, roles, community involvement, etc. Hold Community Kick-off meeting.</i>
Step # 3 Secondary Research	<i>Collect &amp; 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 - Town Hall prep	<i>Collect Community Opinions. (Quantitative Research). Gather Stakeholders / Community opinions regarding community health needs and healthcare practices.</i>
Step # 4b Primary Research - Conduct Town Hall	<i>Conduct "Conversation with Community" Town Hall (Qualitative Research). Review Secondary &amp; Primary Data findings. Facilitate community conversation to build consensus; discuss opinions / identify health needs.</i>
Steps # 5 Reporting	<i>Prepare/Present comprehensive CHNA report (to community leaders), facilitate development of CHNA Implementation Plan (Actions to improve health). &lt; Note: Formal report will follow IRS Notice 2011-52 regs &amp; PHAB requirements. &gt;</i>
VVV Consultants, LLC Olathe, KS 913 302-7264	



## 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, Kansas (Olathe Medical Center) town hall meeting was held on Tuesday, October 30<sup>th</sup>, 2018 from 7:30 am-9:00 am at OMC Health Education Center. Vince Vandehaar facilitated this 1 ½ hour session with fifty-five (55) 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 & Process Roles
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, VVV encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail or personal conversations. NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of session and activity card content reporting strengths & items to change or improve.

**Community Health Needs Assessment  
Town Hall Meeting**  
Olathe Medical Center – Johnson Co KS  
Primary Service Area



**Vince Vandelaar, MBA**  
VVV Consultants LLC  
Principal / Adjunct Professor

---

Olathe, Kansas 66061  
VVV@VandelaarMarketing.com  
913-302-7264

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

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- I. Opening / Introductions (10 mins)
- II. Review CHNA Purpose and Process (10 mins)
- III. Review Current County “Health Status”
  - Secondary Data by 10 TAB Categories
  - Review Community Feedback Research (35 mins)
- IV. Collect Community Health Perspectives
  - Hold Community Voting Activity
  - Determine Most Important Health Areas (30 mins)
- v. Close / Next Steps (5 mins)

2

**I. Introduction:**

Background and Experience

---


**Vince Vandelaar, MBA**  
VVV Consultants LLC - Principal Consultant  
Olathe, KS 913 302-7264

- > Professional Consulting Services: Strategic Planning, Marketing Management, Business Research & Development
- > Focus: Strategy, Research, Deployment
- > 25+ years of experience with Tillinghast, BCBSKC, Saint Luke’s

**Adjunct Professor - Marketing / Health Admin, 31+ years**

- > Webster University
- > Avila University
- > Rockhurst University
- > MNU

Collaborative Analysts: Sara Flaxbeard & Becky Johnston



3

**Town Hall Participation (You)**

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- 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

4

### 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 Definition

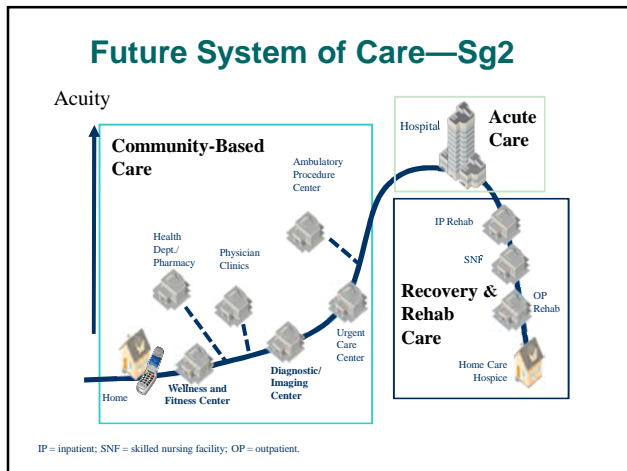
- A Community Health Needs Assessment (CHNA) is a **systematic collection, assembly, analysis, and dissemination of information about the health of the community.** (*NOTE: Some the data has already been collected / published by Local, State and Federal public health organizations. Some data will be collected today.*)
- A CHNA's role is to identify **factors** that affect the health of a population and **determine the availability of resources** to adequately address those factors.

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### Purpose—Why Conduct a CHNA?

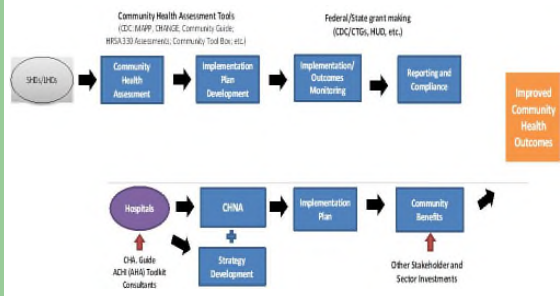
- To determine health-related trends and issues of the community
- To understand / evaluate health delivery programs in place.
- To meet Federal requirements – both local hospital and health department
- To develop strategies to address unmet health needs (4-6 weeks after Town Hall)

7



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## Community Health Needs Assessment Joint Process: Hospital & Local Health Department



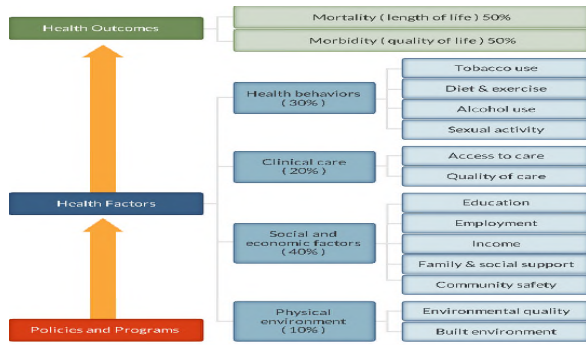
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## II. IRS Hospital CHNA Written Report Documentation

- a description of the community served
- a description of the CHNA process
- the identity of any and all organizations and 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 and
- 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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## County Health Rankings - Robert Wood Johnson Foundation and University of WI Health Institute



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1	Focus Area	Measure	Description	2b	Focus Area	Measure	Description						
1a	Air and water quality (5%)	As primary, secondary meter	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	Community safety (5%)	Violent crime	Violent crime rate per 100,000 population							
		Drinking water violations	Percent of population potentially exposed to water exceeding a violation limit during the past year			Injury deaths	Injury mortality per 100,000						
		Severe housing problems	Percent of households with at least 1 of 4 housing problems: overcrowding, high heating costs, or lack of kitchen or plumbing facilities										
1b	Housing and transit (5%)	Driving alone to work	Percent of the workforce that drives alone to work	3	1b	Health Outcomes (50%)	Health Outcomes (50%)						
		Long commute - drive	Among workers who commute in their car alone, the percent that commute more than 30 minutes										
<b>2a Clinical Care (20%)</b>													
2a	Focus Area	Measure	Description	Focus Area	Measure	Description	Focus Area						
								Access to care (10%)	Uninsured	Percent of population under age 65 without health insurance	Tobacco use	Adult smoking	Percent of adults that report smoking >= 100
								Primary care physicians	Ratio of population to primary care physicians	Diet and exercise (10%)	Food	Index of factors that contribute to a healthy food environment	
								Deaths	Ratio of population to deaths	Physical inactivity	Percent of adults aged 18 and over reporting no leisure-time physical activity		
								Mental health providers	Ratio of population to mental health providers	Access to exercise opportunities	Percent of the population with adequate access to locations for physical activity		
Quality of care (10%)	Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Percent of diabetic Medicare enrollees that receive HbA1c screening	Alcohol and drug use (5%)	Alcohol-impaired driving deaths	Percent of driving deaths with alcohol involvement	Sexual activity (5%)						
								Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	Sexually transmitted infections	Chlamydia rate per 100,000 population		
								Mammography screening	Percent of female Medicare enrollees that receive mammography screening	Teen births	Teen birth rate per 1,000 female population, ages 15-19		
<b>2b Social and Economic Environment (40%)</b>													
2b	Focus Area	Measure	Description	2b / 3c	Measure	Description	Morbidity / Mortality						
								Education (10%)	High school graduation	Percent of ninth grade cohort that graduates in 4 years	Quality of life (50%)	Poor or fair health	Percent of adults reporting fair or poor health
Employment (10%)	Income (10%)	Family and social support (10%)	Physical environment (10%)	Family and social support (5%)	Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)						
								Some college	Percent of adults aged 25-44 years with some post-secondary education				
Income (10%)	Children in poverty (5%)	Inadequate social support	Percent of children that live in household headed by single parent	Children in single-parent households	Percent of children that live in household headed by single parent	Percent of children that live in household headed by single parent	Percent of children that live in household headed by single parent						
								Unemployment	Percent of population age 16+ unemployed but seeking work				

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**OMC PSA OPEN-END Common Themes**

OMC PSA Open End Comments
Community workshops for healthy cooking on a budget, benefits of an active lifestyle, addiction support groups, etc. would provide residents opportunities to gain knowledge/tools to improve their health.
I would like to see a <u>bilingual office in Central Olathe</u> to serve our patients in that area. A lot of them have limited access to healthcare, as well as transportation.
<u>Integration of oral health into overall health</u> remains largely unaddressed by the hospital community, resulting in overuse of ER services for basic preventative and restorative treatment, and negative impacts on treatment of diseases like cancer, diabetes, nutritional disorders, etc.
Johnson County is a huge <u>hub for illicit drugs/suicide/poor coping mechanisms</u> . I would like to see more <u>outreach into the school</u> settings to teach these young adolescents/young adults about appropriate coping mechanisms even if parents are not involved
<u>Patient compliance / ignorance</u> . We know that tests and early detection are important yet we fail to follow up.
<u>The KC region has lacked an integrated care system</u> - utilizing community based services (organizations) to work with providers to ensure successful health outcomes once patients/people are in the community.
Greater attention and planning could be given to the implications of the <u>dramatic increase of older adults</u> in our region.
<u>Mental health services</u> need to be expanded, as there never seems to be enough help in that area. Police departments and ERs do the heavy lifting, and many times there are no beds in psychiatric departments available when needed.

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**IV. Collect Community Health Perspectives**  
**Ask your opinion. Your thoughts?**

- Today:** What are the *strengths* of our community that contribute to health?  
 (White card)
- Today:** Are there healthcare services in your community / neighborhood that you feel *need to be improved and / or changed*?  
 (Color card)
- Tomorrow:** What is occurring or might occur *that would affect the "health of our community?"*

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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,	r. Pharmacy Services
f. Early Detection & Screening	s. Primary Health Care
g. Environmental Health	t. Public Health
q. Exercise	u. School Health
h. Family Planning	v. Social Services
i. Food Safety	w. Specialty Medical Care Clinics
j. Health Care Coverage	x. Substance Abuse
k. Health Education	y. Transportation
l. Home Health	z. Other _____

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**Community Health Needs Assessment**

**Questions;  
 Next Steps?**

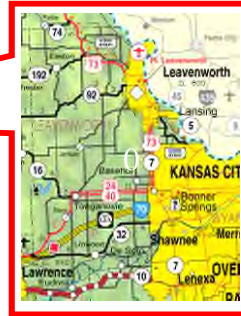
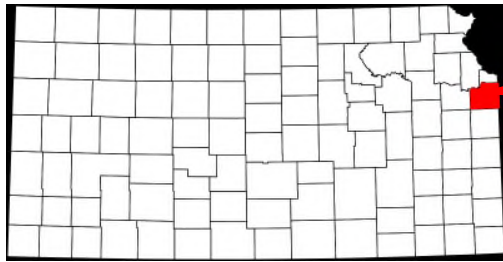
VVV Consultants LLC  
 VVV@VandehaarMarketing.com  
 (913) 302-7264

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## II. Methodology

### d) Community Profile (A Description of Community Served)

#### Johnson County (KS) Community Profile



The population of Johnson County was estimated to be 601,230 citizens in 2018 and a population density of 1,270 persons per square mile. Johnson County covers 480 square miles and is in east Kansas.

The major highway transportation access to Johnson County is Interstate 35 and 435 from Kansas City. I-35 runs diagonally through Johnson County from the top right corner to the bottom left corner towards Ottawa.

#### Johnson County Pubic Airports<sup>1</sup>

Name	USGS Topo Map
Cedar Air Park	De Soto
Clear View Farm Airport	Ocheltree
Gardner Municipal Airport	Gardner
Hermon Farm Airport	Gardner
Johnson County Executive Airport	Stilwell
Menorah Medical Center Heliport	Lenexa
New Century Aircenter	Gardner
Overland Park Regional Medical Center Heliport	Lenexa
Shawnee Mission Medical Center Heliport	Lenexa

<sup>1</sup> <https://kansas.hometownlocator.com/features/cultural,class,airport,scfips,20091.cfm>

## Schools in Johnson County: Public Schools<sup>2</sup>

School	Levels		
Apache Elem	Primary	Moonlight Elementary School	Primary
Arbor Creek Elementary	Primary	Morse Elementary	Primary
Belinder Elem	Primary	Nieman Elem	Primary
Bentwood Elem	Primary	Nike Elementary	Primary
Black Bob Elem	Primary	Northview Elem	Primary
Blue River Elementary	Primary	Oak Hill Elementary	Primary
Blue Valley High	High	Oak Park - Carpenter Elementary	Primary
Blue Valley Middle	Middle	Olathe East Dr High	High
Blue Valley North High	High	Olathe North Sr High	High
Blue Valley Northwest High	High	Olathe Northwest High School	High
Blue Valley West High	High	Olathe South Dr High	High
Bluejacket-Flint	Primary	Oregon Trail Middle School	Middle
Brairwood Elem	Primary	Overland Park Elem	Primary
Broken Arrow Elem	Primary	Overland Trail Elementary	Primary
Brookridge Elem	Primary	Overland Trail Middle	Middle
Brougham Elem	Primary	Oxford Middle	Middle
California Trail Middle School	Middle	Pawnee Elem	Primary
Cedar Creek Elem	Primary	Pioneer Ridge Middle School	Middle
Cedar Hills Elementary	Primary	Pioneer Trail Middle School	Middle
Central Elem	Primary	Pleasant Ridge Elem	Primary
Chisholm Trail Middle School	Middle	Pleasant Ridge Middle	Middle
Christa McAuliffe Elem	Primary	Prairie Center Elem	Primary
Clear Creek Elem	Primary	Prairie Creek Elementary	Primary
Clearwater Creek Elementary	Primary	Prairie Elem	Primary
Comanche Elem	Primary	Prairie Ridge Elementary School	Primary
Corinth Elem	Primary	Prairie Star Elementary	Primary
Cottonwood Point Elementary	Primary	Prairie Star Middle	Middle
Countryside Elementary	Primary	Prairie Trail Middle School	Middle
Crestview Elem	Primary	Ravenwood Elementary	Primary
De Soto High School	High	Ray Marsh Elem	Primary
East Antioch Elem	Primary	Regency Place Elementary	Primary
Edgerton Elem	Primary	Rhein Benninghoven Elem	Primary
Fairview Elem	Primary	Ridgeview Elem	Primary
Forest View Elem	Primary	Rising Star Elem	Primary
Frontier Trail Middle School	Middle	Riverview Elementary	Primary
Gardner Edgerton High	High	Roesland Elem	Primary
Gardner Elem	Primary	Rolling Ridge Elem	Primary
Green Springs Elem	Primary	Rosehill Elem	Primary
Harmony Elementary	Primary	Rushton Elem	Primary
Harmony Middle	Middle	Sante Fe Trail Elem	Primary
Havencroft Elem	Primary	Sante Fe Trail Middle School	Middle
Heartland Elementary	Primary	Scarborough Elem	Primary
Heatherstone Elem	Primary	Shawnee Elem	Primary
Heritage Elementary	Primary	Shawnee Mission East High	High
Highlands Elem	Primary	Shawnee Mission North High	High
Hocker Grove Middle	Middle	Shawnee Mission Northwest High	High
Horizon Elementary	Primary	Shawnee Mission South High	High
Indian Creek Elem	Primary	Shawnee Mission West High	High
Indian Creek Middle	Middle	Spring Hill Elementary School	Primary
Indian Trail Middle School	Middle	Spring Hill High School	High
Indian Valley Elementary	Primary	Stanley Elementary	Primary
Indian Woods Middle	Middle	Starside Elem	Primary
Insight School of KS at Hilltop Ed Center	High	Stilwell Elementary	Primary
John Diemer Elem	Primary	Sunflower Elem	Primary
Lakewood Elementary	Primary	Sunflower Elementary	Primary
Lakewood Middle	Middle	Sunside Elementary School	Primary
Leawood Elementary	Primary	Sunrise Point Elementary	Primary
Leawood Middle	Middle	Sunset Ridge Elementary	Primary
Lexington Trails Middle School	Middle	Timber Creek Elementary School	Primary
Liberty View Elementary	Primary	Tomahawk Elem	Primary
Madison Elementary	Primary	Trailridge Middle	Middle
Madison Place Elementary	Primary	Trailwood Elem	Primary
Mahaffie Elem	Primary	Valley Park Elementary	Primary
Manchester Park Elementary	Primary	Walnut Grove Elem	Primary
Meadow Lane Elem	Primary	Washington Elem	Primary
Merriam Park Elementary	Primary	Westridge Middle	Middle
Mill Creek Elem	Primary	Westview Elem	Primary
Mill Creek Middle School	Middle	Westwood View Elem	Primary
Mill Valley High School	High	Wheatridge Middle School	Middle
Mission Trail Elementary	Primary	Woodland Elem	Primary
Mize Elementary	Primary		
Monticello Trails Middle School	Middle		

<sup>2</sup> <https://kansas.hometownlocator.com/schools/sorted-by-county,n,johnson.cfm>

# **III. Community Health Status**

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[VVV Consultants LLC]



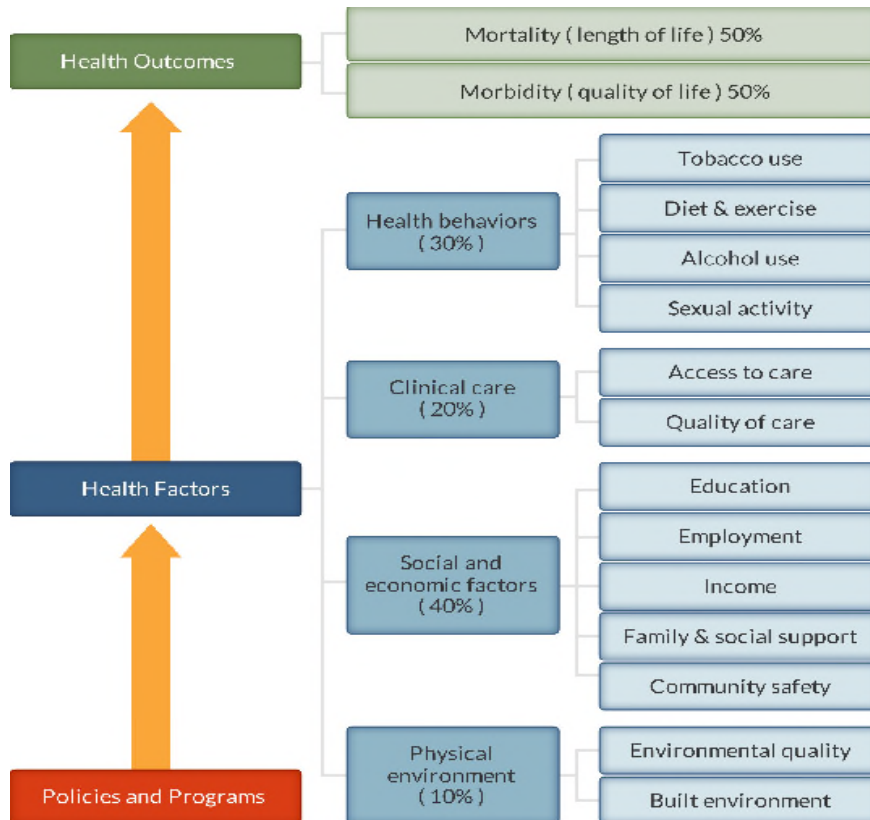
### III. Community Health Status

#### a) Historical Health Statistics- Secondary Research

##### Health Status Profile

This section of the CHNA reviews published quantitative community health indicators from public health sources and results of community primary research. To produce this profile, VVV Consultants LLC staff analyzed & trended 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 2018 RWJ County Health Rankings and conversations from Town Hall participates. Each table published reflects a Trend column, with GREEN denoting growing/high performance indicators, YELLOW denoting minimal change/average performance indicators and RED denoting declining/low performance indicators.

Note: The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to release annual *County Health Rankings*. As seen below, RWJ’s model use a number of health factors to rank each county.>



County Health Rankings model ©2012 UWPHI

## National Research – Year 2018 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Johnson Co KS	TREND	BIG 12 CO KS NORM
1	Health Outcomes		1		41
2	Mortality	Length of Life	1		31
3	Morbidity	Quality of Life	1		58
4	Health Factors		1		53
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activity	1		62
6	Clinical Care	Access to care / Quality of Care	1		25
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	1		52
8	Physical Environment	Environmental quality	86		86
<b>Big Kansas Norm (N=12) includes the following counties: Johnson, Wyandotte, Butler, Douglas, Leavenworth, Riley, Saline, Sedgwick, Shawnee, Finney, Ellis, Reno.</b>					
<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a> , released 2018					

## PSA Secondary Research:

When studying community health, it's important to document health data by topical areas for primary service area (PSA). Below is a summary of key findings organized by subject area.

### Tab 1 Demographic Profile

Understanding population and household make-up is vital to start CHNA evaluation.

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
1a	a Population estimates, July 1, 2017, (V2017)	591,178		2,913,123	164,525	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	8.6%		2.1%	2.9%	People Quick Facts
	c Population per square mile, 2010	1,149.6		34.9	314.5	Geography Quick Facts
	d Persons under 5 years, percent, July 1, 2017, (V2017)	6.4%		6.7%	6.6%	People Quick Facts
	e Persons 65 years and over, percent, July 1, 2017, (V2017)	13.7%		15.0%	13.7%	People Quick Facts
	f Female persons, percent, July 1, 2017, (V2017)	51.0%		50.2%	49.7%	People Quick Facts
	g White alone, percent, July 1, 2017, (V2017)	87.3%		86.6%	86.0%	People Quick Facts
	h Black or African American alone, percent, July 1, 2017, (V2017)	4.9%		6.2%	6.8%	People Quick Facts
	i Hispanic or Latino, percent, July 1, 2017, (V2017)	7.5%		11.6%	13.6%	People Quick Facts
	j Foreign born persons, percent, 2012-2016	8.3%		6.9%	7.5%	People Quick Facts
	k Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	11.1%		11.3%	12.9%	People Quick Facts
	l Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	84.0%		83.5%	81.2%	People Quick Facts
	m Children in single-parent households, percent, 2012-2016	21.0%		29.0%	30.6%	County Health Rankings
	n Total Veterans, 2012-2016	31,198		192,340	10,041	People Quick Facts

## Tab 2 Economic Profile

Monetary resources will (at times) drive health “access” and self-care.

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
2	a Per capita income past 12 months (in 2016 dollars), 2012-2016	\$41,415		\$28,478	\$27,114	People Quick Facts
	b Persons in poverty, percent	5.6%		12.1%	13.0%	People Quick Facts
	c Total Housing units, July 1, 2017, (V2017)	241,396		1,273,742	68,919	People Quick Facts
	d Total Persons per household, 2012-2016	2.56		2.53	2.55	People Quick Facts
	e Severe housing problems, percent, 2010-2014	12.0%		14.0%	15.5%	County Health Rankings
	f Total of All firms, 2012	56,873		239,118	13,296	Business Quick Facts
	g Unemployment, percent, 2016	3.3%		4.2%	4.1%	County Health Rankings
	h Food insecurity, percent, 2015	11.0%		13.0%	13.8%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	2.0%		8.0%	8.8%	County Health Rankings
	j Low income and low access to store, percent, 2015	2.4%		NA	8.9%	U.S. Department of Agriculture - Food Environment Atlas
	k Long commute - driving alone, percent, 2012-2016	23.0%		20.0%	18.0%	County Health Rankings

## Tab 3 Schools Health Delivery Profile

#	School Health Indicators 2018	Gardner USD	Olathe USD	Spring Hill USD
1	Total # Public School Nurses	12	58 FTE	6 + 2 aides
2	School Nurse is part of the IEP team	Yes	Yes	Yes
3	School Wellness Plan in place (Active)	Yes	Yes, Council meet quarterly	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	2200/NA/NA	18,482/1227/837	2806/32/?
5	HEARING: # Screened / Referred to Prof / Seen by Professional	2200/NA/NA	15,791/637/466	2046/32/NA
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	1200/NA/NA	2479/670/510 Each Title 1 elementary provides dental screening for grades 1-5 (parents may opt their children out). Three MS offer the same services and 1 HS offers same service. Other Elementary schools receive screening for 1-5 through JC Department of Oral Health	1794/82/NA
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	No	Unknown - Mass school screening is not recommended by US Preventive Services Task Force (USPSTF).	Not Recommended
8	# of Students served with no identified chronic health concerns	NA	12,461 have NO chronic health issues; 17,639 have at least one chronic health condition	NA
9	School has a suicide prevention program	Yes	Yes	Yes
10	Compliance on required vaccinations (%)	Yes	99.8%	99%

Currently, school districts are providing on-site primary health screenings and basic care.

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
3	a Children eligible for free or reduced price lunch, percent, 2015-2016	25.0%		49.0%	48.9%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2012-2016	95.8%		90.3%	89.3%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	53.6%		31.6%	31.6%	People Quick Facts

**Tab 4 Maternal and Infant Health Profile**

Tracking maternal / infant care patterns are vital in understanding the foundation of family health.

#	Criteria - Vital Statistics	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM
a	Total Live Births, 2012	7,437		40,304	2,279
b	Total Live Births, 2013	7,320		38,805	2,191
c	Total Live Births, 2014	7,394		39,193	2,201
d	Total Live Births, 2015	7,528		39,126	2,204
e	Total Live Births, 2016	7,350		38,048	2,151
f	Total Live Births, 2012- 2016 - 5 year Rate (%)	12.9%		13.5%	13.5%

**Tab 4 Maternal and Infant Health Profile (Continued)**

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
4 a	Percent of Births Where Prenatal Care began in First Trimester, 2014-2016	89.5%		80.4%	79.7%	Kansas Health Matters
b	Percentage of Premature Births, 2014-2016	8.0%		8.9%	8.8%	Kansas Health Matters
c	Percent of Infants up to 24 months that received full immunizations, 2015-2016	74.9%		70.6%	74.0%	Kansas Health Matters
d	Percent of Births with Low Birth Weight, 2014-2016	6.3%		7.0%	7.0%	Kansas Health Matters
e	Percent of WIC Mothers Breastfeeding Exclusively, 2016	18.4%		15.0%	16.4%	Kansas Health Matters
f	Percent of all Births Occurring to Teens (15-19), 2014-2016	2.4%		6.3%	6.2%	Kansas Health Matters
g	Percent of Births Occurring to Unmarried Women, 2014-2016	20.2%		36.2%	37.3%	Kansas Health Matters
h	Percent of births Where Mother Smoked During Pregnancy, 2014-2016	3.3%		11.1%	11.3%	Kansas Health Matters

**Tab 5 Hospitalization/Provider Profile**

Understanding provider access and disease patterns are fundamental in healthcare delivery. Listed below are several vital county statistics.

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
5 a	Primary care physicians (Pop Coverage per) , 2015	830:1		1,320:1	1,565:1	County Health Rankings
b	Preventable hospital stays, 2015 (lower the better)	46		51	45	County Health Rankings
c	Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	73.0%		79.0%	72.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
d	Patients Who Reported Yes, They Would Definitely Recommend the Hospital	75.0%		78.0%	71.8%	CMS Hospital Compare, 10/1/2015-9/30/2016
e	Average Time Patients Spent in the Emergency Dept. Before They Were Seen by a Healthcare Professional (in Minutes)	19		24	19	CMS Hospital Compare, 10/1/2015-9/30/2016

**Tab 5 Hospitalization/Provider Profile (Continued)**

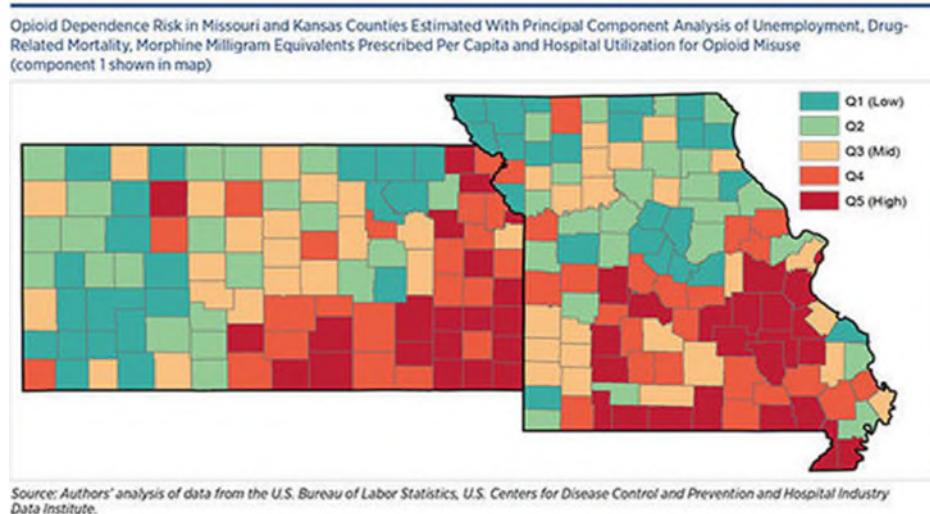
Olathe Medical Center Patient Origin - IP FFY 17-15									
Olathe Medical Center Inc. - Olathe, KS									
© 2018 KHA HIDI	3YR Utilization			FFY17		FFY16		FFY15	
County	Totals	%	TREND	DISC	%	DISC	%	DISC	%
Hospital Total	35,992	100.0%		12,186	100.0%	11,889	100.0%	11,917	100.0%
Johnson, KS	23,999	66.7%		8,078	66.3%	7,894	66.4%	8,027	67.4%
Miami, KS	3,964	11.0%		1,328	10.9%	1,301	10.9%	1,335	11.2%
Subtotal - JO / MC		77.7%			77.2%		77.3%		78.6%
Franklin, KS	2,633	7.3%		901	7.4%	964	8.1%	768	6.4%
Linn, KS	1,136	3.2%		396	3.2%	363	3.1%	377	3.2%
Douglas, KS	598	1.7%		216	1.8%	176	1.5%	206	1.7%
Wyandotte, KS	530	1.5%		168	1.4%	178	1.5%	184	1.5%
Jackson, MO	446	1.2%		156	1.3%	132	1.1%	158	1.3%
Anderson, KS	398	1.1%		157	1.3%	133	1.1%	108	0.9%
Leavenworth, KS	368	1.0%		140	1.1%	123	1.0%	105	0.9%
Other Counties	1,920	5.3%		646	5.3%	625	5.3%	649	5.4%

**Tab 6 Social & Rehab Services Profile**

Behavioral healthcare provides another important indicator of community health status.

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
6 a	Depression: Medicare Population, percent, 2015	17.1%		17.8%	18.7%	Centers for Medicare and Medicaid Services
b	Age-adjusted Suicide Mortality Rate per 100,000 population, 2014-2016 (lower is better)	13.4		15.9	15.7	Kansas Health Matters
c	Poor mental health days, 2016	2.7		3.3	3.3	County Health Rankings

**Tab 6 Social & Rehab Services Profile (Continued)**



**Tab 7a Health Risk Profiles**

Knowing community health risk factors and disease patterns can aid in the understanding next steps to improve health.

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
7a	a Adult obesity, percent, 2014	27.0%		32.0%	32.8%	County Health Rankings
	b Adult smoking, percent, 2016	12.0%		17.0%	16.8%	County Health Rankings
	c Excessive drinking, percent, 2016	20.0%		17.0%	17.4%	County Health Rankings
	d Physical inactivity, percent, 2014	18.0%		25.0%	24.4%	County Health Rankings
	e Poor physical health days, 2016	2.3		3.1	3.2	County Health Rankings
	f Sexually transmitted infections, rate per 100000, 2015	290.5		394.8	436.6	County Health Rankings

**Tab 7b Health Risk Profiles (Continued)**

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
7b	a Hypertension: Medicare Population, 2015	51.3%		53.2%	53.7%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2015	44.6%		40.0%	41.6%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2015	10.4%		13.0%	12.4%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2015	15.8%		16.2%	17.0%	Kansas Health Matters
	e COPD: Medicare Population, 2015	8.3%		11.4%	11.5%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2015	9.3%		8.3%	8.1%	Kansas Health Matters
	g Cancer: Medicare Population, 2015	8.5%		7.7%	7.9%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2015	7.1%		5.7%	5.9%	Kansas Health Matters
	i Asthma: Medicare Population, 2015	6.6%		7.3%	7.6%	Kansas Health Matters
	j Stroke: Medicare Population, 2015	3.5%		3.4%	3.6%	Kansas Health Matters

### Tab 8 Uninsured Profiles/Community Invest

Based on state estimations, the number of insured is documented below. Also, the amount of charity care (last three years of free care) from area providers is trended below.

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
8	a Uninsured, percent, 2015	6.0%		10.0%	10.7%	County Health Rankings

Charity Care - OMC		YR 2017	YR 2016	YR 2015
1	Charity Care and Means-Tested Government Programs	\$7,766,921	\$6,755,404	\$6,794,315
2	Subsidized Health Services	\$1,155,612	\$1,333,289	\$1,563,328
3	Health Professional ED	\$894,041	\$1,071,554	\$1,269,721
4	General Community support	\$872,154	\$797,767	\$780,110

Johnson County Dept of Health - Community Contribution		YR 2017	YR 2016	Yr 2015
a	Core Community Public Health (Admin, Strategic Planning, Disease Containment Admin, DC, Outreach Nurse, PHEP, CH, FHS Admin)	\$5,219,892	\$5,104,681	\$4,850,500
b	Child Care Inspections	\$634,158	\$600,883	\$595,374
c	Environmental Services	\$1,666,981	\$1,473,253	\$1,299,792
d	Home Health / Healthy Start (MCH)	\$606,512	\$558,811	\$451,163
e	Immunizations / Vaccine \$	\$718,588	\$617,973	\$623,179
	Immunizations / Vaccine # (VFC & private)	18,976	23,152	23,831
	Vaccine - received from State	13,515	16,075	17,630
f	Primary Care, lab, minor procedures (colposcopy)	\$2,432	\$2,374	\$11,664
g	Screenings: Blood pressure / STD (includes STI & FP)	\$1,122,623	\$967,611	\$999,766

\*Reflects only county funding-no grant funded expenses are included in the values above.

### Tab 9 Mortality Profile

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

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
9	a Life Expectancy for Males, 2014	80.0		76.5	76.8	Kansas Health Matters
	b Life Expectancy for Females, 2014	83.2		81.0	81.1	Kansas Health Matters
	c Age-adjusted Cancer Mortality Rate per 100,000 population, 2014-2016 (lower is better)	129.6		162.6	164.6	Kansas Health Matters
	d Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2014-2016 (lower is better)	111.7		157.4	145.3	Kansas Health Matters
	e Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2014-16 (Lower is better)	30.1		48.9	49.8	Kansas Health Matters
	f Alcohol-impaired driving deaths, percent, 2012-2016	30.0%		25.0%	27.6%	County Health Rankings

**Tab 9 Mortality Profile (Continued)**

Causes of Death by County of Residence, KS 2016	Johnson Co KS	Overall %	Kansas	BIG 12 CO KS NORM
<b>TOTAL</b>	<b>3,735</b>		<b>26,129</b>	<b>15,495</b>
Cancer	807	0.7%	5,460	3,335
Heart disease	743	-1.7%	5,630	3,126
Other causes	592	0.7%	3,962	2,454
Atherosclerosis (Artery)	256	5.4%	385	339
Cerebrovascular disease (Stroke)	204	0.3%	1,355	806
Chronic lower respiratory diseases	175	-1.6%	1,653	964
All other accidents and adverse effects	134	-0.3%	1,005	624
Alzheimer's disease	105	-0.5%	853	441
Suicide	85	0.3%	512	334
Other respiratory diseases	79	0.6%	398	256
Kidney disease (nephritis/nephrotic syndrome/nephrosis)	76	0.0%	529	297
Diabetes	73	-0.8%	725	404
Other digestive diseases	67	-0.7%	650	377
Pneumonia and influenza	64	-0.3%	518	260
Septicemia	46	-0.1%	357	221
Chronic liver disease and cirrhosis	36	-0.2%	316	186

**Tab 10 Preventive Health Profile**

The following table reflects future health of the county. This information also is an indicator of community awareness of preventative measures.

Tab	Health Indicator	Johnson Co KS	Trend	Kansas	BIG 12 CO KS NORM	Source
10	a Access to exercise opportunities, percent, 2016	95.0%		81.0%	82.6%	County Health Rankings
	b Diabetes monitoring, percent, 2014	88.0%		86.0%	85.7%	County Health Rankings
	c Mammography screening, percent, 2014	68.0%		63.0%	64.9%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	
	e Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	



## b) Online Research- Health Status

### PSA Primary Research:

For each CHNA Wave # 3 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for PSA. Response for Johnson County Online survey equals 464 residents. Below are two charts review survey demographics.

**Chart #1 – Johnson Co KS PSA Online Feedback Response N=464**

<b>Community Health Needs Assessment Wave #3</b>			
For reporting purposes, are you involved in or are you a .... ?	Johnson Co - OMC PSA N=464	Trend	Wave #3 Norms N= 2852
Business / Merchant	3.3%		9.2%
Community Board Member	4.6%		7.4%
Case Manager / Discharge Planner	1.5%		1.1%
Clergy	1.5%		1.2%
College / University	2.4%		2.0%
Consumer Advocate	1.8%		1.7%
Dentist / Eye Doctor / Chiropractor	0.3%		0.3%
Elected Official - City/County	0.9%		1.8%
EMS / Emergency	2.7%		2.1%
Farmer / Rancher	0.9%		5.8%
Hospital / Health Dept	26.1%		18.7%
Housing / Builder	0.9%		0.9%
Insurance	0.9%		1.0%
Labor	0.3%		2.2%
Law Enforcement	0.6%		1.3%
Mental Health	1.8%		1.7%
Other Health Professional	21.3%		10.2%
Parent / Caregiver	11.6%		15.1%
Pharmacy / Clinic	3.6%		2.2%
Media (Paper/TV/Radio)	0.3%		0.6%
Senior Care	2.1%		2.3%
Teacher / School Admin	3.3%		5.9%
Veteran	1.8%		2.5%
Other (please specify)	5.2%		7.0%
<b>KS Norms Include the following 12 Counties: Barton, Cowley, Edwards, Hays, Johnson, Kiowa, Linn, Miami, Nemaha, Osborne, Pawnee, Russell, Sheridan, Smith, and Trego.</b>			

**Chart #2 - Quality of Healthcare Delivery Community Rating**

Community Health Needs Assessment Wave #3			
"Overall Quality" of healthcare delivery in our community?	Johnson Co - OMC PSA N=464	Trend	Wave #3 Norms N= 2852
Valid N	464		2852
Top Box %	25.0%		25.9%
Top 2 Boxes %	66.8%		68.9%
Very Poor	1.7%		1.3%
Poor	5.2%		5.0%
Average	26.3%		24.4%
Good	41.8%		43.0%
Very Good	25.0%		25.9%

**Chart #3 – Overall Community Health Quality Trend**

Community Health Needs Assessment Wave #3			
When considering "overall community health quality", is it ...	Johnson Co - OMC PSA N=464	Trend	Wave #3 Norms N= 2852
Increasing - moving up	41.7%		46.8%
Not really changing much	46.8%		43.2%
Decreasing - slipping	11.4%		9.9%

**Chart #4 – Re-evaluate Past Community Health Needs Assessment Needs**

CHNA Wave #3		Ongoing Problem		Pressing
Past OMC CHNAs health needs identified		Johnson Co - OMC PSA N=464		Johnson Co - OMC PSA N=464
Rank	Topic	Votes	%	RANK
1	Mental Health Access	220	13.9%	1
2	Affordable Health Care Insurance	190	12.0%	2
3	Obesity	150	9.5%	4
4	Drug / Substance Abuse	149	9.4%	3
5	Healthcare Transportation	108	6.8%	10
6	Wellness / Prevention	99	6.3%	5
7	Alcohol Abuse	90	5.7%	8
8	Fitness / Exercise options	88	5.6%	14
9	Nutrition - Healthy Food options	83	5.2%	12
10	Awareness of existing HC services	81	5.1%	11
11	Chronic Health	78	4.9%	7
12	Personal Health Management	65	4.1%	9
13	Primary Care Access	65	4.1%	6
14	Bilingual Healthcare Services	58	3.7%	15
15	Senior Activities	57	3.6%	13
TOTALS		1581	100.0%	

**Chart #5 - Community Health Needs Assessment “Causes of Poor Health”**

Community Health Needs Assessment Wave #3			
In your opinion, what are the root causes of "poor health" in our community?	Johnson Co - OMC PSA N=464		Wave #3 Norms N= 2852
		Trend	
Limited access to mental health assistance	69.1%		45.5%
Lack of awareness of existing local programs, providers, and services	53.5%		57.1%
Lack of health & wellness education	37.1%		34.7%
Chronic disease prevention	33.1%		28.8%
Family assistance programs	26.2%		23.4%
Elder assistance programs	20.7%		31.5%
Case management assistance	17.1%		19.2%
Other (please specify)	20.4%		18.4%

**Chart #6 – Community Rating of HC Delivery Services (Perceptions)**

CHNA Wave #3	Johnson Co - OMC PSA N=464		Trend	Wave #3 Norms N= 2852	
	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
How would our community rate each of the following?					
Ambulance Services	85.8%	2.5%		86.3%	2.5%
Child Care	60.7%	6.3%		50.8%	11.2%
Chiropractors	67.0%	7.4%		76.3%	5.1%
Dentists	79.0%	4.9%		63.7%	14.9%
Emergency Room	70.8%	10.9%		70.9%	9.8%
Eye Doctor/Optomtrist	79.6%	4.9%		78.3%	4.9%
Family Planning Services	50.0%	16.5%		43.9%	14.6%
Home Health	67.7%	8.6%		57.3%	11.6%
Hospice	77.4%	6.6%		68.9%	8.1%
Inpatient Services	72.5%	8.4%		76.0%	5.8%
Mental Health	77.9%	7.7%		33.9%	28.3%
Nursing Home	17.2%	50.7%		42.4%	23.1%
Outpatient Services	40.9%	15.7%		71.1%	6.1%
Pharmacy	74.0%	5.8%		88.0%	3.1%
Physician Clinics	84.5%	4.3%		81.4%	4.2%
Public Health	79.4%	3.8%		66.1%	5.9%
School Nurse	50.0%	15.2%		58.9%	10.5%
Specialists	63.5%	3.3%		54.6%	13.4%

**Chart #7 – Community Health Readiness**

Community Health Needs Assessment Wave #3		Bottom 2 boxes	
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	Johnson Co OMC PSA N=464	Trend	Wave #3 Norms N= 2852
Prenatal / Child Health Programs	32.3%		18.6%
Substance Use Treatment & Education	30.3%		29.5%
Health Screenings (asthma, hearing, vision, scoliosis)	26.2%		15.4%
Violence Prevention	25.5%		24.7%
Tobacco Prevention & Cessation Programs	21.0%		23.6%
Caregiver Training Programs	19.4%		18.6%
Food and Nutrition Services/Education	18.2%		15.7%
Spiritual Health Support	16.7%		13.0%
Immunization Programs	16.5%		9.5%
WIC Nutrition Program	15.0%		12.8%
Emergency Preparedness	13.2%		10.4%
Secure Grants / Finances to Support Local Health	13.2%		17.0%
Early Childhood Development Programs	11.2%		15.1%
Obesity Prevention & Treatment	10.4%		24.9%
Sexually Transmitted Disease Testing	9.8%		10.2%
Women's Wellness Programs	8.8%		12.2%

**Chart #8 – Healthcare Delivery “Outside our Community”**

Community Health Needs Assessment Wave #3			
In the past 2 years, did you or someone you know receive HC outside of our community?	Johnson Co OMC PSA N=464	Trend	Wave #3 Norms N= 2852
Yes	52.4%		76.4%
No	36.4%		18.1%
I don't know	11.2%		5.5%

**Chart #8 – Healthcare Delivery “Outside our Community” (Continued)**

Community Health Needs Assessment Wave #3			
Are we actively working together to address community health?	Johnson Co - OMC PSA N=464	Trend	Wave #3 Norms N= 2852
Yes	38.2%		47.7%
No	14.6%		10.6%
I don't know	47.2%		40.4%

**Leaving Community:**

Spec	CTS
CANC	22
CARD	10
BH	8
OBG	6
GAS	5
NEU	5
SURG	5

**Chart #9 – What HC topics need to be discussed in future Town Hall Meeting**

<b>CHNA Wave #3</b>			
<b>What needs to be discussed further at our CHNA Town Hall meeting?</b>	<b>Johnson Co - OMC PSA N=464</b>	<b>Trend</b>	<b>Wave #3 Norms N= 2852</b>
<b>Mental Illness</b>	13.1%		10.6%
<b>Suicide</b>	11.5%		8.4%
<b>Drugs/Substance Abuse</b>	7.2%		8.9%
<b>Obesity</b>	6.7%		8.2%
<b>Abuse/Violence</b>	6.0%		5.6%
<b>Poverty</b>	5.2%		6.7%
<b>Wellness Education</b>	4.4%		6.3%
<b>Physical Exercise</b>	4.1%		6.1%
<b>Alcohol</b>	3.6%		5.4%
<b>Diabetes</b>	3.6%		4.5%
<b>Vaccinations</b>	3.6%		2.8%
<b>Nutrition</b>	3.5%		4.6%
<b>Sexually Transmitted Diseases</b>	2.7%		2.2%
<b>Teen Pregnancy</b>	2.7%		3.0%
<b>Family Planning</b>	2.5%		2.5%
<b>Heart Disease</b>	2.5%		3.4%
<b>Tobacco Use</b>	2.2%		3.4%
<b>Cancer</b>	2.2%		4.4%
<b>Breast Feeding Friendly Workplace</b>	2.0%		1.8%
<b>Smoke-Free Workplace</b>	1.2%		1.6%
<b>Water Quality</b>	1.2%		3.2%
<b>Respiratory Disease</b>	1.1%		2.1%
<b>Ozone</b>	0.6%		0.4%
<b>Lead Exposure</b>	0.4%		0.9%

# **IV. Inventory of Community Health Resources**

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[VVV Consultants LLC]

<b>Inventory of Health Services 2018 - OMC Primary Service Area</b>				
<b>Cat</b>	<b>Healthcare Services Offered in County: Yes / No</b>	<b>Hospital</b>	<b>Health Dept</b>	<b>Other</b>
Clinic	Primary Care	Yes	Yes	Yes
Hosp	Alzheimer Center	Yes		Yes
Hosp	Ambulatory Surgery Centers	Yes		
Hosp	Arthritis Treatment Center			
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		Yes
Hosp	Chemotherapy	Yes		
Hosp	Colonoscopy	Yes		
Hosp	Crisis Prevention	Yes	Yes	Yes
Hosp	CT Scanner	Yes		
Hosp	Diagnostic Radioisotope Facility	Yes		
Hosp	Diagnostic / Invasive Catheterization	Yes		
Hosp	Electron Beam Computed Tomography (EBCT)			
Hosp	Insurance Enrollment Assistance Services	Yes	Yes	
Hosp	Extracorporeal Shock Wave Lithotripter (ESWL)			
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 Catherterization	Yes		
Hosp	Isolation room	Yes	Yes	
Hosp	Kidney	Yes		
Hosp	Liver	Yes		
Hosp	Lung	Yes		
Hosp	MagneticResonance Imaging (MRI)	Yes		
Hosp	Mammograms	Yes		
Hosp	Mobile Health Services	Yes		
Hosp	Multislice Spiral Computed Tomography (<64 slice CT)			
Hosp	Multislice Spiral Computed Tomography (<64+ slice CT)	Yes		
Hosp	Neonatal	Yes		Yes
Hosp	Neurological services	Yes		
Hosp	Obstetrics / Prenatal	Yes	Yes	
Hosp	Occupational Health Services			
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)			
Hosp	Positron Emission Tomography/CT (PET/CT)	Yes		
Hosp	Psychiatric Services			Yes
Hosp	Radiology, Diagnostic	Yes		

<b>Inventory of Health Services 2018 - OMC Primary Service Area</b>				
<b>Cat</b>	<b>Healthcare Services Offered in County: Yes / No</b>	<b>Hospital</b>	<b>Health Dept</b>	<b>Other</b>
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health	Yes	Yes	
Hosp	Robotic Surgery	Yes		Yes
Hosp	Shaped Beam Radiation System 161	Yes		
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
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			
Hosp	Ultrasound	Yes		
Hosp	Women's Health Services	Yes	Yes	
Hosp	Wound Care	Yes		
SR	Adult Day Care Program	Yes		Yes
SR	Assisted Living	Yes		Yes
SR	Home Health Services	Yes	Yes	Yes
SR	Hospice	Yes		Yes
SR	LongTerm Care	Yes		Yes
SR	Nursing Home Services	Yes		Yes
SR	Retirement Housing	Yes		Yes
SR	Skilled Nursing Care	Yes		Yes
ER	Emergency Services	Yes		Yes
ER	Urgent Care Center	Yes		
ER	Ambulance Services			Yes
SERV	Alcoholism-Drug Abuse		Yes	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	Yes
SERV	Health Fair (Annual)	Yes		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	Yes
SERV	Tobacco Treatment / Cessation Program	Yes	Yes	
SERV	Transportation to Health Facilities			
SERV	Wellness Program	Yes	Yes	



<b>Area Providers Delivering Care in OMC PSA - 2018</b>			
		<b>Olathe Medical Center **</b>	
<b>FTE Providers Working in County</b>	<b>PSA Based</b>	<b>MD / DO</b>	<b>PA / NP</b>
<b>Primary Care:</b>			
Family Practice	80.6	43.0	0.0
Internal Medicine / Geriatrician	15.9	10.0	1.0
Obstetrics/Gynecology	7.2	11.0	0.0
Pediatrics	7.6	12.0	0.0
Internal Med/Peds	2.0	5.0	0.0
<b>Medicine Specialists:</b>			
Allergy / Immunology	1.4	3.0	0.0
Cardiology	11.7	11.0	8.0
Dermatology	2.0	4.0	0.0
Endocrinology	0.0	1.0	2.0
Gastroenterology	2.3	3.0	2.0
Oncology / Radiology	4.0	4.0	1.0
Infectious Diseases	0.0	4.0	1.0
Nephrology	2.0	6.0	0.0
Neurology	2.0	4.0	0.0
Psychiatry	0.9	0.0	0.0
Pulmonary	4.1	6.0	1.0
Rheumatology	0.0	0.0	0.0
<b>Surgery Specialists:</b>			
General Surgery / Colon / Oral	5.8	6.0	2.0
Neurosurgery	3.0	5.0	4.0
Ophthalmology	4.4	4.0	0.0
Orthopedics	6.9	18.0	14.0
Otolaryngology	5.0	3.0	1.0
Plastic / Reconstructive	2.1	4.0	1.0
Thoracic / Cardiovascular / Vasc	0.9	3.0	2.0
Urology	2.1	8.0	1.0
<b>Hospital Based:</b>			
Anesthesia / Pain (CRNA's included)	2.1	14.0	21.0
Emergency	19.0	14.0	7.0
Radiology	14.0	29.0	0.0
Pathology	2.5	11.0	0.0
Hospitalist	5.0	25.0	3.0
Neonatal / Perinatal	9.0	9.0	13.0
Physical Medicine / Rehab	0.0	2.0	0.0
Occ Medicine	0.0	0.0	0.0
Podiatry	2.5	1.0	0.0
Chiropractor	39.0	0.0	0.0
Optometrist	37.0	0.0	0.0
Dentist	59.0	3.0	0.0
<b>TOTALS</b>	<b>362.9</b>	<b>286.0</b>	<b>85.0</b>

\*OMC PSA Zips: 66018, 66021, 66030, 66061, 66062, 66083

\*\*Total credentialed doctors, physician assistants and nurse practitioners with OMC

# OMC Primary Service Area Health Services Directory 2019

Healthcare providers (Alpha order) within Olathe Medical Center's primary service area zip codes: DeSoto (66018), Edgerton (66021), Gardner (66030), Olathe (66061 and 66062), and Spring Hill (66083).

## Other Emergency Numbers

### **Kansas Child/Adult Abuse and Neglect Hotline**

800-922-5330  
[www.srskansas.org/hotlines.html](http://www.srskansas.org/hotlines.html)

### **Domestic Violence Hotline**

800-799-7233  
[www.ndvh.org](http://www.ndvh.org)

### **Emergency Management (Topeka)**

785-274-1409  
[www.accesskansas.org/kdem](http://www.accesskansas.org/kdem)

### **Federal Bureau of Investigation**

866-483-5137  
[www.fbi.gov/congress/congress01/caruso100301.htm](http://www.fbi.gov/congress/congress01/caruso100301.htm)

### **Kansas Arson/Crime Hotline**

800-KS-CRIME  
800-572-1763  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

### **Kansas Bureau of Investigation (Topeka)**

785-296-8200  
[www.accesskansas.org/kbi](http://www.accesskansas.org/kbi)

### **Kansas Crisis Hotline (Domestic Violence/Sexual Assault)**

888-END-ABUSE  
[www.kcsdv.org](http://www.kcsdv.org)

### **Kansas Road Conditions**

866-511-KDOT  
511  
[www.ksdot.org](http://www.ksdot.org)

### **Poison Control Center**

800-222-1222  
[www.aapcc.org](http://www.aapcc.org)

### **Suicide Prevention Hotline**

800-SUICIDE  
<http://hopeline.com>  
800-273-TALK  
[www.suicidepreventionlifeline.com](http://www.suicidepreventionlifeline.com)

### **Toxic Chemical and Oil Spills**

800-424-8802  
[www.epa.gov/region02/contact.htm](http://www.epa.gov/region02/contact.htm)

## Hospital Services

### **Olathe Medical Center**

20333 West 151st St,  
Olathe, Kansas 66061  
913 791-4200  
[www.olathehealth.org](http://www.olathehealth.org)

## Dept of Health Services

Johnson County Department of  
Health and Environment  
111 S Cherry St, Olathe, KS 66061  
913 826-1200

**CHIROPRACTORS**

**Advanced Healthcare & Sports Injury**

Natalie Horton  
Kirk J Iodice  
20160 W 153rd St  
Olathe, KS 66061  
913-764-2271

**Align Chiropractic for Mommies and Babies**

Brandi Benson  
Kezia Shine  
Casey Shipps  
12744 S. Pflumm Road  
Olathe, KS 66062  
913-322-0251

**Arbor Creek Health & Wellness**

Darren Boom  
401 S. Clairborne Road, #202  
Olathe, KS 66062  
913-397-6900

**Brown Chiropractic Clinic**

Richard Brown  
1497 E. 151st Street  
Olathe, KS 66061  
913-829-4909

**Chiropractic Lifestyle Center**

Cory Koch  
2139 E. 151st Street  
Olathe, KS 66062  
913-768-0000

**Complete Care Chiropractic**

Devin Morton  
784 N. Ridgeview Road  
Olathe, KS 66030  
913-815-8076

**Cook Family Chiropractic**

Brian Cook  
969 E. Lincoln Lane  
Gardner, KS 66030  
913-856-0200

**Decker Chiropractic**

George Decker  
Mitchell Ludwig  
13025 S. Mur-Len Road, #100

Olathe, KS 66062  
913-829-5111

**Dr. Spurgeon-Healing Neck and Joints**

Ryan Spurgeon  
450 E. Santa Fe Street  
Olathe, KS 66061  
450 E. Santa Fe Street

**Fulk Chiropractic**

W. Chris Beaty  
Brenda Beaty  
Charles Fulk  
Corey Fulk  
2110 E. Santa Fe Street  
Olathe, KS 66062  
913-764-6237  
Larry Fulk  
Justin Fulk  
Jaime Trent  
609 Baptiste Drive  
Paola, KS 66071  
913-294-3851  
Anthony Liperuote  
Sandra Liperuote

**Fulk Chiropractic (continued)**

Ron Muirhead  
Jeff Spoonmoore  
2110 E. Santa Fe Street  
Olathe, KS 66062  
913-764-6237

**Hedman Chiropractic and Accupuncture**

David Hedman  
1815 E. Santa Fe Street  
Gardner, KS 66030  
913-884-2057

**Hilger Chiropractic Clinic**

Kevin Hilger  
1853 S. Ridgeview Road  
Olathe, KS 66062  
913-829-1313

**Jeurink Family Chiropractic and Wellness Center**

Tobi Jeurink  
325 E. Main Street  
Gardner, KS 66030  
913-856-4595

**Key Dynamics Chiropractic**

Amanda Buchanan  
Steven Reece  
153 W. 151st Street, #150  
Olathe, KS 66061  
913-930-9355

**Lane Chiropractic**

Brian Lane  
407 S. Clairborne Road, #201  
Olathe, KS 66062  
913-764-7722

**Life Chiropractic and Wellness Center**

Fred Clarke  
Jeff Wingate  
13849 S. Mur-Len Road E  
Olathe, KS 66062  
913-764-7575

**Matheny Chiropractic**

David Matheny  
122 E. Park Street  
Gardner, KS 66030  
913-856-7067

**Miley Chiropractic**

Kim Miley  
13095 S. Mur-Len Road, #170  
Olathe, KS 66062  
913-393-2611

**Miller Chiropractic Health Center**

Dennis Miller  
Nicholas Rodriguez  
13470 S. Arapaho Drive, #150  
Olathe, KS 66062  
913-782-7260

**Mills Chiropractic and Wellness Center**

Jere Mills

13795 S. Mur-Len Road, #203A  
Olathe, KS 66062  
913-764-5900

**Naturally Chiropractic**

Aaron Wolfswinkel  
11124 S. Lone Elm Road  
Olathe, KS 66061  
913-381-2525

**Olathe Chiropractic**

Joe Anderson  
Jeremy Landry  
15930 S. Mur-Len Road  
Olathe, KS 66062  
913-732-0087

**Performance Chiropractic**

Brett Dworkis  
708 S. Rogers Road, #A  
Olathe, KS 66062  
913-782-5000

**ProC.A.R.E.**

Molly Scott  
Tobi Scott  
15024 Blackbob Road  
Olathe, KS 66062  
913-393-1303

**Ridgeview Chiropractic**

Craig Koshlap  
17775 W. 106th Street, Suite 105  
Olathe, KS 66061  
913-890-7370

**Rockers Chiropractic**

Troy Rockers  
501 N. Mur-Len Road, Suite A  
Olathe, KS 66062  
913-254-9495

**Spring Hill Chiropractic and Accupuncture**

Daniel Harding  
22450 S. Harrison Street, #101  
Spring Hill, KS 66083  
913-592-3541

**Summit Chiropractic and Wellness**

Charles Armour III  
William Augello  
801 N. Mur-Len Road, #103  
Olathe, KS 66062  
913-440-4142

**Williams Chiropractic Clinic**

Jimmie Williams III  
14101 S. Mur-Len Road  
Olathe, KS 66062  
913-764-9077

Todd Winters  
802 E. Main Street  
Gardner, KS 66030  
913-856-8135

Don Reith  
33255 Lexinton Avenue  
De Soto, KS 66018  
913-583-3700

**DENTISTS****Appletree Cosmetic and Family Dentistry**

Philip Farruggia  
517 N. Mur-Len Road  
Olathe, KS 66062  
913-210-2107

**Arbor Creek Dental**

Jason Knag  
Beverly Moon  
15990 S. Bradley Drive, #102  
Olathe, KS 66062  
913-390-5300

**Baxter Orthodontics**

J. Andrew Baxter  
206 E. Main Street  
Gardner, KS 66030  
913-856-4465

**Bucher Family Dentistry**

William Bucher  
Ryan Bucher  
975 N. Mur-Len Road, Suite B  
Olathe, KS 66062  
913-764-5114

**Cedar Place Dental**

Kelly Lineback  
Nickie Perry  
304 S. Clairborn Road, #100  
Olathe, KS 66062  
913-764-6367

**DeSoto Dental Center**

Charles Klestinske  
32980 W. 83rd Street  
De Soto, KS 66018  
913-583-3233

**E-Care Dentistry**

Mahdokht Farahani  
Reem Haj-Ali  
Patrick Lacaci  
Anna Shapiro  
2141 E. 151st Street  
Olathe, KS 66062  
913-764-1018

**Einhellig Dentistry**

Gloria Einhellig  
1807 S. Ridgeview Road  
Olathe, KS 66062  
913-782-0300

**Esthetic Enhancement**

Matthew Kolarik  
Anthony Marengo, Jr.  
Jacob Sylvester  
16103 W. 135th Street  
Olathe, KS 66062  
913-829-9222

**Fales Pediatric Dentistry**

John Fales  
13496 S. Arapaho Drive  
Olathe, KS 66062  
913-782-2207

**Family Dental Care**

Douglas Lerner  
325 E. Main Street  
Gardner, KS 66030  
913-856-8721

**Family Dental Care of Olathe**

Anthony Callison  
Madison Jones  
2001 E. Santa Fe Street  
Olathe, KS 66062  
913-289-5062

**Five Point Family Dentistry**

David Vasquez  
10408 S. Ridgeview Road  
Olathe, KS 66061  
913-390-3555

**Fry Orthodontics**

Jeremy Fry  
15060 S. Blackbob Road  
Olathe, KS 66062  
11106 S. Lone Elm Road  
Olathe, KS 66061  
913-469-9191

**Hannah Orthodontics**

Richard Hannah  
Joseph Hannah  
1441 E. 151st Street  
Olathe, KS 66062  
913-829-2244

**Health Partnership Clinic**

Dayna Brinckman  
Anthony Garcia  
Nader Rastgoftar  
407 S. Clairborne Road, #104  
Olathe, KS 66062  
913-648-2266

**Howell Family Dentistry**

Julie Humphries  
434 W. Main Street  
Gardner, KS 66030  
913-856-2333

**Imagine Dental**

Eric Mayuga  
204 E. Main Street  
Gardner, KS 66030  
913-856-6171

**Klein & Walker Orthodontics**

Michael Klein  
Cameron Walker  
975 N. Mur-Len Road  
Olathe, KS 66061  
913-829-4466

**Leland Klaassen, PA**

Leland Klaassen  
407 S. Clairborne Road, #203  
Olathe, KS 66062  
913-782-1335

**Lovingood Orthodontics**

Thomas Lovingood  
1295 E. 151st Street, #1  
Olathe, KS 66062  
913-782-1663

**Markway & Haworth Gardner Dentists**

Jason Haworth  
Greg Markway  
971 E. Lincoln Lane  
Gardner, KS 66030  
913-856-7123

**Mowry Periodontics**

Catherine Mowry  
16093 W. 135th Street  
Olathe, KS 66062  
913-322-7286

**Nielson Family Dentistry**

Hollie Flack  
Donald Nielson  
16500 Indian Creek Pkwy, #100  
Olathe, KS 66062  
913-829-8700

**Oasis Dentistry**

Frank Blacknall  
790 N. Ridgeview Road  
Olathe, KS 66061  
913-397-9000

**Olathe Dental Care Center**

Jeffrey Higgins  
Charles Leins  
234 S. Cherry Street  
Olathe, KS  
913-782-1420

**Olathe Endodontics**

Bart Putnam  
16093 W. 135th Street, Suite A  
Olathe, KS 66062  
913-829-0060

**Olathe Family Dentistry**

Craig Alexander  
Jon Bevan  
450 S. Parker Street  
Olathe, KS 66061  
913-829-1438

**Olathe Pointe Dental**

Ross Thompson  
14979 W. 119th Street  
Olathe, KS 66062  
913-780-0080

**Oltjen Orthodontics PA**

Jay Oltjen  
15159 S. Blackbob Rd.  
Olathe, KS 66062  
913-829-8855

**Oral and Facial Surgery Associates**

Michael Barber  
Kirk Collier  
Tyson Marrs  
1441 E. 151st Street  
Olathe, KS 66062  
913-782-1529

**Pediatric and Laser Dentistry**

Nick Prater  
13095 S. Mur-Len Road, #160  
Olathe, KS 66062  
913-764-6222

**Phye Family Dentistry PA**

Greg Alton  
Sara Phye  
Bryant Phye  
Vanessa Phye  
401 S. Clairborne Road, Suite A  
Olathe, KS 66062  
913-782-2231

**Rhoades Family Dentistry**

Rachel Driscoll  
Amy Hahn  
13400 S. Blackbob Road  
Olathe, KS 66062  
913-782-8900

**Ryan Dental**

Sara Bratton  
Randy Regier  
William Ryan  
15074 S. Blackbob Road  
Olathe, KS 66062  
913-764-5703

**Sheldon Dental Group**

Michelle Bhaskar  
Dan Sheldon  
125 E. Park Street  
Olathe, KS 66062  
913-782-7580

**Show Your Grin**

Douglas Sjogren  
13772 S. Blackbob Road  
Olathe, KS 66062  
913-469-8019

**Spring Hill Dental Care**

Anthony Line  
21900 S. Webster, Suite A  
Spring Hill, KS 66083  
913-592-2200

**Spring Hill Family Dentistry**

Kurt Echols  
22450 S. Harrison Street  
Spring Hill, KS 66083  
913-592-4149

**Stroede Orthodontics**

Claire Stroede  
15990 S. Bradley Drive  
Olathe, KS 66062  
22438 S. Harrison Street  
Spring Hill, KS 66083  
913-491-3400

**Sunny Brook Dental**

Daniel Bednarczyk  
Rick Hammel  
21645 College Blvd.  
Olathe, KS 66061  
913-829-7000

**Waters Davidson Family Dentistry**

Lindsay Davidson  
Nevin Davidson  
751 N. Mur-Len Road, Suite B  
Olathe, KS 66062  
913-782-1330

**Ron Burgmeier**

13025 S. Mur-Len Road, #250  
Olathe, KS 66062  
913-764-1169

**Edward Cantrell**

601 N. Mur-Len Road, #9  
Olathe, KS 66062  
913-764-9191

**Douglas Fain**

20168 W. 153rd Street  
Olathe, KS 66062  
913-839-9471

**Sylvia Spradlin**

11132 S. Lone Elm Road  
Olathe, KS 66061  
913-780-0123

**Jeffrey Walmann**

20186 W. 153rd Street  
Olathe, KS 66062  
913-829-7668

**HOME HEALTH HOSPICE****Avalon Home Health**

1129 W. Dennis Avenue  
Olathe, KS 66061  
913-780-9944

**Christlove Home Health**

401 S. Clairborne Rd., 2nd Floor  
Olathe, KS 66062  
913-210-6077

**Heaven Sent Home Care**

13914 S. Kaw Street  
Olathe, KS 66062  
913-390-8758

**Hospice Services of Olathe Medical Center**

Sally Lundy  
20920 W. 151st Street, #201  
Olathe, KS 66061  
913-324-8515

**Olathe Health Hospice House**

Sally Lundy  
15310 S. Marion Street  
Olathe, KS 66061  
913-324-8588

**Preferred Care at Home**

15954 S. Mur Len Road, #363  
Olathe, KS 66062  
913-787-4642

**Serene Care**

1801 E. Stratford Road  
Olathe, KS 66062  
913-220-9397



## **MENTAL HEALTH**

### **Cottonwood Springs**

13351 S. Arapaho Drive  
Olathe, KS 66062  
913-353-3000

### **Counseling Connection**

14201 S. Mur-Len Road  
Olathe, KS 66062  
913-254-7741

Counseling Office, Inc.

601 N. Mur-Len Road, #6  
Olathe, KS 66062  
913-390-8719

### **Gateway of Hope**

801 N. Mur-Len Road, #111  
Olathe, KS 66062  
913-393-4283

### **Johnson County Mental Health Center**

1125 W. Spruce St.  
Olathe, KS 66061  
913-715-7700

### **Kansas City Mental Health Associates**

513 N. Mur-Len Road  
Olathe, KS 66062  
913-648-2512

### **Kids TLC**

Erin Dugan  
480 S. Rogers Road  
Olathe, KS 66062  
913-764-2887

### **KVC Behavioral Healthcare**

Chad Anderson  
21350 W. 153rd Street  
Olathe, KS 66061  
913-322-4900

### **Lakemary Center, Inc.**

Gianna Gargiglietti  
15145 S. Keeler Street, #A  
Olathe, KS 66062

913-768-6831

### **Lifeline Counseling Center**

405 S. Clairborne Road, #1  
Olathe, KS 66062  
913-764-5463

### **Nexus Counseling Center**

16500 Indian Creek Pkwy, #106  
Olathe, KS 66062  
913-735-9787

### **Pathway to Hope**

Sharon Lawrenz  
520 S. Harrison, #206  
Olathe, KS 66061  
913-397-8552

### **Renew Counseling Center**

11695 S. Blackbob Road  
Olathe, KS 66062  
913-768-6606

### **Todd Bowman**

2030 E. College Way  
Olathe, KS 66062  
913-971-3735

### **Gerald Gentry**

302 E. Park Street  
Olathe, KS 66061  
816-374-3838

### **Clay Johnson**

226 S. Kansas Avenue  
Olathe, KS 66061  
913-667-2035

### **Linda Kimbrough**

815 S. Clairborne Road  
Olathe, KS 66062  
913-214-2966

### **Lindsey Largen**

16500 Indian Creek Pkwy  
Olathe, KS 66062  
785-341-5464

**William Moffitt**  
109 W. Poplar Street  
Olathe, KS 66061  
913-768-1143

**Edward Neufeld**  
511 N. Mur-Len Road, #A  
Olathe, KS 66062  
913-764-1194

**Danial Rincones**  
2030 E. College Way  
Olathe, KS 66062  
913-732-3404

**Debra Simon**  
815 S. Clairborne Road  
Olathe, KS 66062  
913-393-4283

**Stacey Tadokoro**  
1715 E. Cedar Street, #115  
Olathe, KS 66062  
816-977-3178

#### **NUTRIONISTS**

**Johnson County Nutrition Center**  
401 Madison Street  
Spring Hill, KS 66083  
913-592-3180

**Nutrition Werks**  
Nan Borchardt  
21213 W. 113th Place  
Olathe, KS 66061  
816-757-7507

**Olathe Medical Center**  
Amy Broxterman  
20375 W. 151st Street  
Olathe, KS 66061  
913-791-4200

**Lorraine Oberholtzer**  
18101 W. 119th Street  
Olathe, KS 66061  
913-782-2197

**Lisa Zane**  
14955 W. 151st Street  
Olathe, KS 66062  
913-780-9339

#### **OPTOMETRISTS**

**Chamberlain McDonald Family Eye Care**  
Dawn Ertel  
Brian McDonald  
Joanna Meats  
15052 S. Blackbob Road  
Olathe, KS 66062  
913-390-4900

**DeSoto Eye Care**  
33321 Lexington Avenue  
De Soto, KS 66018  
913-583-1991

**Discover Vision Center**  
David Amsterdam  
Cherie Johnson  
15710 W. 135th Street  
Olathe, KS 66062  
816-478-1230

**Drs. Hawks, Besler & Rogers**  
L. Gregory Besler  
Terry Hawks  
Jon Stoppel  
315 E. Main Street  
Gardner, KS 66030  
913-856-6360

**Eye Associates of Olathe**  
Christina Bartimus  
John Davis  
Jason Green  
15257 W. 135th Street  
Olathe, KS 66062  
913-780-9696

**Galbrecht Eyecare**  
Diane Galbrecht  
395 N. K-7 Highway  
Olathe, KS 66061  
913-764-9300

**Gardner Vision Care**

Kristin Van Becelaere  
1725 E. Santa Fe Street  
Gardner, KS 66030  
913-884-7316

**Grin Eye Care**

21020 W. 151st Street  
Olathe, KS 66061  
913-829-5511

**In Sight Vision Center**

Allison Emmot  
Christine Rowe  
Neal Troyer  
Justine Weigel  
Julie Zybko  
11148 S. Lone Elm Road  
Olathe, KS 66061  
913-945-1852

**Luthi & Rosentreter Eye Care**

Jeff Luthi  
Ted Rosentreter  
945 N. Mur-Len Road  
Olathe, KS 66062  
913-764-5995

**Olathe Eye Care**

Paul Brinkman  
16124 W. 135th Street  
Olathe, KS 66062  
913-764-3937

**Olathe Family Vision**

Andrea Baker  
Robert Broaddus  
13839 S. Mur-Len Road, #A  
Olathe, KS 66062  
913-782-5993  
Wayne Hemphill  
740 W. Cedar Street  
Olathe, KS 66061  
913-254-0200

**Olathe Family Vision (continued)**

Mary Pirotte Hemphill  
Gerard Lozada  
13839 S. Mur-Len Road, #A  
Olathe, KS 66062  
913-782-5993

**Ridgeview Eye Care**

Trent Henderson  
Jacob Letourneau  
18122 W. 119th Street  
Olathe, KS 66061  
913-261-8327

**The Eye Doctors Optometrists**

Erin Hamilton  
Nathan Kluttz  
751 N. Mur-Len Road  
Olathe, KS 66062  
913-764-2020  
Jessica Putnam  
Edwin Rodriguez  
15311 W. 119th Street  
Olathe, KS 66062  
913-780-3200

**Vision Today**

Matt Laurie  
Matt Lowenstein  
12120 S. Strangline Road  
Olathe, KS 66062  
913-397-9111

**Weltmer & Crawford Family Eye Care**

Kevin Crawford  
Jeff Weltmer  
1295 E. 151st Street, #3  
Olathe, KS 66062  
913-782-4983

**Whitesell Optometry**

Courtney Bloodgood  
William Whitesell  
21900 S. Webster, Suite B  
Spring Hill, KS 66083  
913-592-2020

**OTHER PROVIDERS**

**Rhythmic Medicine**

Janalea Hoffman  
10425 W. 177th Terrace  
Olathe, KS 66062  
913-851-5100

**PHARMACIES**

**Alternacare Infusion Pharmacy**

15065 W. 116th Street  
Olathe, KS 66062  
913-906-9260

**Auburn Pharmacy**

20375 W. 151st Street, #100A  
Olathe, KS 66061  
913-393-4440

**Cedar Creek Pharmacy**

34040 Commerce Drive  
De Soto, KS 66018  
913-583-1117

**CVS Pharmacy**

1075 W. Santa Fe  
Olathe, KS 66061  
913-764-5858

**CVS Pharmacy**

1785 S. Mur-Len Road  
Olathe, KS 66062  
913-390-9892

**CVS Pharmacy**

18351 W. 119th Street  
Olathe, KS 66061  
913-397-7325

**CVS Pharmacy**

20255 W. 154th Street  
Olathe, KS 66061  
913-782-8756

**CVS Pharmacy**

110 W. Main Street  
Gardner, KS 66030  
913-856-0280

**Hen House Pharmacy**

13600 S. Blackbob Road  
Olathe, KS 66062  
913-782-2039

**HyVee Pharmacy**

14955 W. 151st Street  
Olathe, KS 66062  
913-780-9449

**HyVee Pharmacy**

18101 W. 119th Street  
Olathe, KS 66061  
913-393-4150

**Price Chopper Pharmacy**

22350 S. Harrison Street  
Spring Hill, KS 66083  
913-592-5350

**Price Chopper Pharmacy**

15970 S. Mur-Len Road  
Olathe, KS 66062  
913-393-8000

**Price Chopper Pharmacy**

815 E. Main Street  
Gardner, KS 66030  
913-393-8000

**Walgreens Pharmacy**

750 E. Main Street  
Gardner, KS 66030  
913-884-7912

**Walgreens Pharmacy**

545 E. Santa Fe  
Olathe, KS 66061  
913-393-2757

**Walgreens Pharmacy**

1453 E. 151st Street  
Olathe, KS 66062  
913-538-5019

**Walgreens Pharmacy**

15066 W. 151st Street  
Olathe, KS 66062  
913-393-2886

**Walgreens Pharmacy**

13450 S. Blackbob Road  
Olathe, KS 66062  
913-829-3176

**Walmart Pharmacy**

1725 E. Santa Fe Street  
Gardner, KS 66030  
913-884-8411

**Walmart Pharmacy**

395 N. K7 Highway  
Olathe, KS 66061  
913-764-7165

**Walmart Pharmacy**

18555 W. 151st Street  
Olathe, KS 66061  
913-489-3459

13600 S. Alden Street

Olathe, KS 66062  
913-829-4404

**SENIOR CARE**

Aberdeen Village  
17500 W. 119th Street  
Olathe, KS 6606  
913-599-6100

**Avonlea Cottage of Olathe**

625 N. Lincoln Street  
Olathe, KS 66061  
913-829-6020

**Cedar Lake Village**

15325 S. Lone Elm Road  
Olathe, KS 66061  
913-780-9916

**College Way Village**

1425 E. College Way  
Olathe, KS 66062  
913-782-6131

**Evergreen Community**

11875 S. Sunset Drive  
Olathe, KS 66062  
913-477-8227

**Golden Living Center**

251 E. Wilson Street  
Spring Hill, KS 66083

**Good Samaritan Center**

20705 W. 151st Street  
Olathe, KS 66061  
913-782-1372

**Hillside Village of DeSoto**

33600 W. 85th Street  
De Soto, KS 66018  
913-583-1266

**Hoeger House**

20911 W. 153rd Street  
Olathe, KS 66061  
913-397-2900

**Medicalodges of Gardner**

223 Bedford Street  
Gardner, KS 66030  
913-856-6520

**Pinnacle Ridge Nursing & Rehab**

400 S. Rogers Road  
Olathe, KS 66062  
913-782-3350

**Royal Terrace Nursing and Rehab**

201 E. Flaming Road  
Olathe, KS 66061  
913-829-2273

**Santa Marta**

13800 W. 116th Street  
Olathe, KS 66062  
913-323-7110

**The Health Care Resort of Olathe**

21250 W. 151st Street  
Olathe, KS 66061  
913-267-1997

**Homestead Assisted Living of Olathe**

751 N. Somerset Terrace  
Olathe, KS 66061  
913-829-1403

**Travanse Living**

101 W. 151st Street  
Olathe, KS 66061  
913-791-0020

**Villa St. Francis**

1660 W. 126th Street  
Olathe, KS 66062  
913-829-5210

**Vintage Park of Gardner**

869 Juniper Terrace  
Gardner, KS 66030  
913-856-7643

# V. Detail Exhibits

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[VVV Consultants LLC]

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## a) Patient Origin Source Files

[VVV Consultants LLC]





### Patient Origin by Hospital - Inpatient

Olathe Medical Center Inc. - Olathe, KS  
Federal Fiscal Year: 2017



County	Total		Pediatric				Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%							
Johnson, KS	8,078	66.3%	28	0.3%	760	9.4%	2,012	24.9%	1,478	18.3%	2,058	25.5%	71	0.9%	849	10.5%	822	10.2%	27.9%
Miami, KS	1,328	10.9%	0	0.0%	94	7.1%	350	26.4%	253	19.1%	380	28.6%	7	0.5%	123	9.3%	121	9.1%	31.5%
Franklin, KS	901	7.4%	0	0.0%	78	8.7%	243	27.0%	209	23.2%	238	26.4%	2	0.2%	67	7.4%	64	7.1%	33.5%
Linn, KS	396	3.2%	1	0.3%	20	5.1%	116	29.3%	97	24.5%	99	25.0%	0	0.0%	33	8.3%	30	7.6%	36.6%
Douglas, KS	216	1.8%	1	0.5%	15	6.9%	61	28.2%	54	25.0%	39	18.1%	0	0.0%	22	10.2%	24	11.1%	50.0%
Wyandotte, KS	168	1.4%	0	0.0%	39	23.2%	41	24.4%	22	13.1%	32	19.0%	1	0.6%	17	10.1%	16	9.5%	28.6%
Anderson, KS	157	1.3%	0	0.0%	1	0.6%	41	26.1%	34	21.7%	53	33.8%	1	0.6%	15	9.6%	12	7.6%	33.1%
Jackson, MO	156	1.3%	0	0.0%	14	9.0%	40	25.6%	29	18.6%	11	7.1%	4	2.6%	28	17.9%	30	19.2%	37.2%
Leavenworth, KS	140	1.1%	0	0.0%	9	6.4%	29	20.7%	44	31.4%	34	24.3%	0	0.0%	12	8.6%	12	8.6%	43.6%
Cass, MO	91	0.7%	0	0.0%	5	5.5%	21	23.1%	17	18.7%	24	26.4%	0	0.0%	12	13.2%	12	13.2%	36.3%
Bourbon, KS	57	0.5%	0	0.0%	4	7.0%	11	19.3%	24	42.1%	18	31.6%	0	0.0%	0	0.0%	0	0.0%	43.9%
Allen, KS	52	0.4%	0	0.0%	10	19.2%	16	30.8%	11	21.2%	15	28.8%	0	0.0%	0	0.0%	0	0.0%	36.5%
Clay, MO	49	0.4%	0	0.0%	2	4.1%	8	16.3%	6	12.2%	5	10.2%	1	2.0%	14	28.6%	13	26.5%	42.9%
Osage, KS	41	0.3%	0	0.0%	5	12.2%	20	48.8%	7	17.1%	7	17.1%	0	0.0%	1	2.4%	1	2.4%	56.1%
Others	356		0		42		85		108		76		6		18		21		
Hospital Total	12,186	100.0%	30	0.2%	1,098	9.0%	3,094	25.4%	2,393	19.6%	3,089	25.3%	93	0.8%	1,211	9.9%	1,178	9.7%	30.3%

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### Patient Origin by Hospital - Inpatient

Olathe Medical Center Inc. - Olathe, KS  
Federal Fiscal Year: 2016



County	Total		Pediatric				Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%							
Johnson, KS	7,894	66.4%	35	0.4%	878	11.1%	2,071	26.2%	1,480	18.7%	1,890	23.9%	72	0.9%	754	9.6%	714	9.0%	28.6%
Miami, KS	1,301	10.9%	6	0.5%	113	8.7%	391	30.1%	238	18.3%	330	25.4%	5	0.4%	109	8.4%	109	8.4%	32.4%
Franklin, KS	964	8.1%	5	0.5%	77	8.0%	264	27.4%	208	21.6%	280	29.0%	6	0.6%	64	6.6%	60	6.2%	32.9%
Linn, KS	363	3.1%	0	0.0%	24	6.6%	104	28.7%	77	21.2%	107	29.5%	0	0.0%	27	7.4%	24	6.6%	37.5%
Wyandotte, KS	178	1.5%	0	0.0%	27	15.2%	57	32.0%	30	16.9%	31	17.4%	1	0.6%	17	9.6%	15	8.4%	36.5%
Douglas, KS	176	1.5%	0	0.0%	19	10.8%	47	26.7%	32	18.2%	25	14.2%	0	0.0%	27	15.3%	26	14.8%	45.5%
Anderson, KS	133	1.1%	0	0.0%	11	8.3%	29	21.8%	31	23.3%	37	27.8%	1	0.8%	12	9.0%	12	9.0%	39.8%
Jackson, MO	132	1.1%	0	0.0%	22	16.7%	36	27.3%	12	9.1%	16	12.1%	1	0.8%	23	17.4%	22	16.7%	36.4%
Leavenworth, KS	123	1.0%	0	0.0%	5	4.1%	31	25.2%	38	30.9%	25	20.3%	0	0.0%	12	9.8%	12	9.8%	56.9%
Cass, MO	76	0.6%	0	0.0%	4	5.3%	18	23.7%	23	30.3%	10	13.2%	1	1.3%	11	14.5%	9	11.8%	31.6%
Allen, KS	58	0.5%	0	0.0%	14	24.1%	17	29.3%	12	20.7%	15	25.9%	0	0.0%	0	0.0%	0	0.0%	34.5%
Bourbon, KS	48	0.4%	0	0.0%	3	6.3%	12	25.0%	17	35.4%	14	29.2%	0	0.0%	1	2.1%	1	2.1%	47.9%
Clay, MO	44	0.4%	1	2.3%	3	6.8%	11	25.0%	5	11.4%	2	4.5%	1	2.3%	12	27.3%	9	20.5%	29.5%
Others	399		0		40		124		98		85		5		21		26		
Hospital Total	11,889	100.0%	47	0.4%	1,240	10.4%	3,212	27.0%	2,301	19.4%	2,867	24.1%	93	0.8%	1,090	9.2%	1,039	8.7%	31.0%

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### Patient Origin by Hospital - Inpatient

Olathe Medical Center Inc. - Olathe, KS  
Federal Fiscal Year: 2015



County	Total		Pediatric				Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Surg %
	Discharges		Age 0 - 17		Age 18 - 44		Age 45 - 64		Age 65 - 74		Age 75+		Cases	%	Cases	%	Cases	%	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%							
Johnson, KS	8,027	67.4%	33	0.4%	822	10.2%	2,018	25.1%	1,425	17.8%	2,015	25.1%	51	0.6%	852	10.6%	811	10.1%	28.4%
Miami, KS	1,335	11.2%	5	0.4%	76	5.7%	392	29.4%	260	19.5%	353	26.4%	1	0.1%	126	9.4%	122	9.1%	31.3%
Franklin, KS	768	6.4%	2	0.3%	59	7.7%	217	28.3%	148	19.3%	199	25.9%	5	0.7%	72	9.4%	66	8.6%	34.0%
Linn, KS	377	3.2%	0	0.0%	24	6.4%	97	25.7%	92	24.4%	108	28.6%	1	0.3%	28	7.4%	27	7.2%	34.2%
Douglas, KS	206	1.7%	0	0.0%	16	7.8%	58	28.2%	38	18.4%	45	21.8%	0	0.0%	26	12.6%	23	11.2%	45.6%
Wyandotte, KS	184	1.5%	0	0.0%	20	10.9%	60	32.6%	28	15.2%	39	21.2%	0	0.0%	18	9.8%	19	10.3%	33.7%
Jackson, MO	158	1.3%	1	0.6%	29	18.4%	44	27.8%	13	8.2%	23	14.6%	1	0.6%	25	15.8%	22	13.9%	36.1%
Anderson, KS	108	0.9%	0	0.0%	10	9.3%	20	18.5%	18	16.7%	20	18.5%	0	0.0%	20	18.5%	20	18.5%	27.8%
Leavenworth, KS	105	0.9%	0	0.0%	6	5.7%	32	30.5%	31	29.5%	20	19.0%	0	0.0%	8	7.6%	8	7.6%	60.0%
Cass, MO	101	0.8%	0	0.0%	7	6.9%	30	29.7%	24	23.8%	16	15.8%	0	0.0%	12	11.9%	12	11.9%	31.7%
Bourbon, KS	62	0.5%	0	0.0%	2	3.2%	16	25.8%	24	38.7%	20	32.3%	0	0.0%	0	0.0%	0	0.0%	46.8%
Allen, KS	52	0.4%	0	0.0%	3	5.8%	19	36.5%	10	19.2%	18	34.6%	0	0.0%	1	1.9%	1	1.9%	36.5%
Osage, KS	41	0.3%	0	0.0%	10	24.4%	10	24.4%	8	19.5%	11	26.8%	0	0.0%	1	2.4%	1	2.4%	39.0%
Others	393		0		52		126		75		84		5		27		24		
Hospital Total	11,917	100.0%	41	0.3%	1,136	9.5%	3,139	26.3%	2,194	18.4%	2,971	24.9%	64	0.5%	1,216	10.2%	1,156	9.7%	30.6%

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## b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

<b>CHNA Wave #3 - OMC PSA Stakeholders - Attend Town Hall 10/30/18</b>					
<b>Attend</b>	<b>ProperName</b>	<b>Organization</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>
X	Erica Andersion	Humana	Overland Park	KS	66213
X	Joey Barton	Olathe Medical Center	Olathe	KS	66061
X	Kelly Berg	Olathe Health SoCo Othropedics	Olathe	KS	66061
X	Tiffany Bowers	Cedar Lake Village	Overland Park	KS	66204
X	Wayne Burke	Spring Hill School District	Springfield	KS	66083
X	Kathy Coker	Olathe Medical Center	Olathe	KS	66061
X	Graciela Couchonnal	Healthcare Foundation of Greater KC	Kansas City	MO	64108
X	Jeff DeGraffenreid	City of Olathe Fire Department	Olathe	KS	66061
X	Karen Dehais	Healthcare Foundation of Greater KC	Kansas City	MO	64108
X	Sarah Dement	Head Start	Olathe	KS	66061
X	Dawn Downes	Reach Foundation	Overland Park	KS	66204
X	Michele Drummond	Olathe Medical Center	Olathe	KS	66061
X	Erin Dugan	Kids TLC	Olathe	KS	66061
X	Tincy Eapen	Social worker	Olathe	KS	66061
X	Amy Falk	Health Partnership Clinic	Olathe	KS	66062
X	John Feehan	Olathe Health	Olathe	KS	66061
X	Megan Foreman	Johnson Co Dept of Health & Environment	Olathe	KS	66061
X	Carde Freeman	Olathe Wesleyan Church	Olathe	KS	66061
X	Justin Gust	El Centro	Olathe	KS	66061
X	James Harmon	DCF, Kansas City Region	Kansas City	MO	64145
X	Kevin Harris	Olathe Fire Department	Olathe	KS	66061
X	Loretta Heinen	Olathe Health	Olathe	KS	66061
X	Jay Hinrichs	Johnson County Park & Recreation District	Overland Park	KS	66085
X	Chris Jackson	NCES, Inc.	Olathe	KS	66061
x	Mike Jensen	Olathe Health System	Olathe	KS	66061
X	Beth Kahlberg	Olathe Medical Center	Olathe	KS	66061
x	Lacey Kane	Olathe Health System	Olathe	KS	66061
X	Karen Koder	Olathe Medical Center	Olathe	KS	66061
X	Brian Lee	Arvest	Shawnee	KS	66218
X	Rebecca Mackinnon		Olathe	KS	66062
x	Stephanie Manning	Olathe Health System	Olathe	KS	66061
X	Lougene Marsh	Johnson Co Dept of Health & Environment	Olathe	KS	66062
X	Susan McLoughlin	Mother & Child Coalition	Kansas City	MO	64132
X	Michael Meadors	City of Olathe	Olathe	KS	66061
X	Steve Menke	City of Olathe Police Department	Olathe	KS	66061

<b>CHNA Wave #3 - OMC PSA Stakeholders - Attend Town Hall 10/30/18</b>					
<b>Attend</b>	<b>ProperName</b>	<b>Organization</b>	<b>City</b>	<b>ST</b>	<b>Zip</b>
X	Barbara Mitchell	Johnson Co Dept of Health & Environment	Olathe	KS	66061
X	Sharon Morris	Olathe District Schools	Olathe	KS	66062
X	Dr. Wael Mourad	Health Partnership Clinic	Olathe	KS	66061
X	Lesley Newton	Humana	Overland Park	KS	66213
x	Darren Odum	Olathe Medical Center	Olathe	KS	66061
X	Catherine Rice	Health Partnership Clinic	Olathe	KS	66061
X	Dee Sagers	Olathe	Olathe	KS	66061
X	Brenda Sharpe	Reach Care Foundation	Overland Park	KS	66204
X	John Staton	Olathe Health System	Olathe	KS	66061
X	Jennifer Sykes	Healthcare Foundation of Greater KC	Kansas City	MO	64108
X	Tammy Thomas	DCF, Kansas City Region	Kansas City	MO	64145
X	Cody Vitt	Humana	Overland Park	KS	66213
X	James Wetzel	Olathe Medical Services	Olathe	KS	66061
X	Jean Willoughkey	Olathe Health	Olathe	KS	66061
X	Beth Wright	City of Olathe	Olathe	KS	66061
X	Rob Wyrick	Olathe Health System	Olathe	KS	66061

Olathe Health Townhall  
10/30/2018

Head count: 55

JC DOH -Intro

Robert Woods Johnson Foundation

Health behaviors 30%

Clinical care 20%

Social and economic factors 40%

Physical environment 10%

- Yes, school backpacks are increasing
- Dental screenings are very difficult to find the right resources in schools

Drugs

- Opioids
- Meth (making a comeback)
- Weed

Townhall

Strengths

- Ambulance service
- Access to primary care
- Resources (collaboration amongst health care stakeholders)
  - Mammography (resources are there, but not being executed)
- Access to gym / wellness centers
- Economy in community
- Strong school system
- Public health

## Wave #3 CHNA - OMC PSA (Johnson County KS)

### Town Hall Conversation 10/30/18 - Strengths (White Cards) N= 49

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
33	ACC	Access to healthcare	3	FIT	Access to exercise - but do you use it?
39	ACC	Availability of services and resources	10	FIT	Great physical health care
44	ACC	Availability of care	16	FIT	Physical activity - access to
46	ACC	Access to care if you are in the market - many services available locally	17	FIT	Health & fitness availability
47	ACC	Access to services	18	FIT	Access to exercise & healthy foods
35	AGE	Senior activities	19	FIT	Access to physical activity
5	ALL	Strong current position on most community health metrics	19	FIT	Health + fitness / affordability
9	ALL	Strong metrics (baseline)	20	FIT	Health & fitness availability & affordability & free access programs
20	ALL	Good health system	21	FIT	Availability of health and fitness
3	AMB	Ambulance services	22	FIT	Access to exercise + walkable areas
11	AMB	Ambulance	23	FIT	Built environment / opportunity to exercise
17	AMB	Ambulance services	24	FIT	Access to fitness opportunities
19	AMB	Ambulance services / response rate (EMS)	29	FIT	Access to fitness opportunities
20	AMB	Ambulance services and response rate	30	FIT	Built environment , city / county planning trending toward more walkable -promotes more physical activity / community engagement
35	AMB	Ambulance	36	FIT	Access to exercise opportunities (gyms, parks, trails)
37	AMB	EMS , ambulance services	40	FIT	Walkability
44	AMB	Ambulance services	32	HH	Outreach services if you have MS
22	CARD	Access to cardiac + cancer centers	35	HH	Home health
3	COLLAB	Collaborative	6	HOSP	Resources
4	COLLAB	Collaboration	7	HOSP	Resources fro most issues
5	COLLAB	Culture of collaboration	8	HOSP	Hospitals
6	COLLAB	Community collaboration	12	HOSP	Resources - services - available in community
7	COLLAB	Community collaboration	21	HOSP	Availability to find healthcare resources elsewhere in the city
8	COLLAB	Culture of collaboration	28	HOSP	Resources
9	COLLAB	Relationships with smaller organizations & the larger hospital	31	HOSP	Many resources available for health
13	COLLAB	Many want to collaborate to improve	36	HOSP	Access to hospitals + physicians
27	COLLAB	Community partners - resources are there	41	HOSP	Resources collaboration
28	COLLAB	Collaboration	42	HOSP	Resourceful community
48	COLLAB	Collaboration	42	HOSP	Hospitals
10	COMM	Strong communication	43	HOSP	Institutions / organizations - resources
9	CORP	Strong sense of community	45	HOSP	Resources to provide essential services
19	CORP	Community engagement	47	HOSP	Quality hospitals
20	CORP	Community engagement	49	INSU	Majority insured / plenty of access to care for this group
38	CORP	Community engagement	1	LAW	Safe streets
43	CORP	Community / people engagement	44	LAW	Police presence
11	DENT	Dental	37	MAMO	Attention to / mammography resources
27	DENT	Dental provider quality	20	NUTR	Healthy eating - stores and farmers market
2	DOCS	Number of physicians in the county	29	NUTR	Access to healthy eating
10	DOCS	Exceptional doctors	40	NUTR	Grocery stores with varied food options (Olathe, Overland Park)
16	DOCS	Physicians / dentists - number of	1	OTHR	Equal income
31	DOCS	Invested/ committed providers / organizations in our community's health	8	OTHR	Mobile integration
3	DOH	Access to healthcare / health department	9	OTHR	Trust in community services in general
8	DOH	Health department + FQHC	9	OTHR	Mobile healthcare unit /team

## Wave #3 CHNA - OMC PSA (Johnson County KS)

### Town Hall Conversation 10/30/18 - Strengths (White Cards) N= 49

Card #	C1	Today: What are the strengths of our community that contribute to health?	Card #	C1	Today: What are the strengths of our community that contribute to health?
11	DOH	Public health	13	OTHR	Health outcomes
18	DOH	Access to public health - vaccines for medicaid patients	21	OTHR	Life expectancy
19	DOH	Health infrastructure	40	OTHR	Various organizations like WyJo care, HPC , Mercy & Truth
19	DOH	Access to public health - vaccines	48	OTHR	Bilingual health services / clinics
20	DOH	Program and inspections conducted by JC health department	49	OTHR	T21 - covering most of Joco
20	DOH	Access to public health	11	PHARM	Pharmacy
29	DOH	Public health	48	POV	Low level of poverty
38	DOH	Health infrastructure	7	PREV	Preventative efforts
40	DOH	Health department services	1	PRIM	Primary care
41	DOH	Public health	12	PRIM	Availability of primary care
43	DOH	Public health	15	PRIM	PCP's
47	DOH	Public health	17	PRIM	Primary care providers
48	DOH	Public health	19	PRIM	Number of primary care providers
14	ECON	Fluency / economic	20	PRIM	Number of primary care providers
19	ECON	Economy (access to what we need)	22	PRIM	Number of primary care physicians
29	ECON	Economy in community	23	PRIM	Primary care
30	ECON	relatively high employment / insured rate	24	PRIM	Primary care presence is strong; needs to be stronger
36	ECON	Strong economy (low unemployment)	24	PRIM	Integration of primary care within speciality providers
38	ECON	Overall economic strength	26	PRIM	Access to PCP
41	ECON	Economy in community	27	PRIM	PCP provider quality
42	ECON	Economic status	34	PRIM	Primary care providers / clinics expanded
9	EDU	Olathe public schools HAS emotional learning data on anxiety, suicide , depression, etc. (need to use this data)	37	PRIM	Primary care services for all age groups
27	EDU	Strong educational system	40	PRIM	Primary care
28	EDU	Library system	41	PRIM	Access to primary care
29	EDU	Strong school system	43	PRIM	Primary care
35	EDU	School programming - awareness - screenings	45	PRIM	Access to primary care & other acute health care resources
36	EDU	High quality public + private schools	34	PSY	Psychiatrist on site at OMC
39	EDU	School system (nurses, wellness, mental health)	28	REC	Park facilities
41	EDU	Strong schools	39	REC	Community wellness access (parks, trails, pools, sports)
43	EDU	School system (nurses, wellness, mental health)	15	SCRE	Screenings - access & availability
44	EDU	Public education	19	SCRE	Screenings
48	EDU	Highly educated	22	SCRE	Health screenings
48	EDU	Schools	2	SMOK	Current smoking rate
18	EMER	Response of emergency services (EMS) to provider needs - excellent collaboration	23	SMOK	Smoking
11	EYE	Eyecare	11	SPEC	Speciality care
6	FAC	Strong facilities	12	SPEC	Quality of speciality care
25	FAC	Availability of healthcare - facilities	29	SPEC	Variety of speciality physicians
32	FAM	Family practice providers	25	WAIT	Timely health appointment times
1	FIT	Walkable areas / Exercise options	14	WELL	Access to wellness / health centers & care/physicians
2	FIT	Availability of resources for physical activity	43	WELL	Access to wellness

## Wave #3 CHNA - OMC PSA Johnson County KS

**Town Hall Conversation 10/30/18 - Weakness (Color Cards) N= 52**

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
1	ACC	Coverage/Access	26	INSU	Health insurance
15	ACC	Access to providers and health screenings	28	INSU	Impact of affordable insurance
17	ACC	Affordable and accessible healthcare	32	INSU	Access to affordable healthcare/uninsured
24	ACC	Disparity in health access	22	IP	Inpatient beds
26	ACC	Increase of people getting screening	51	KID	Appreciate care for our needs kids
19	ADD	Addiction services	1	MRKT	Awareness of Resources
39	AGE	More conversations about end of life	2	MRKT	Improve awareness of resources available
43	AGE	Senior Living Areas	17	MRKT	More communication with the community about how OMC is addressing community health
51	AGE	Good elder care	26	MRKT	Communication about community resources
52	AGE	Elder Assistance Program	27	MRKT	Communication about service available/offered
2	AIR	Improve air quality	29	MRKT	Continue to market/educate all to services
8	ALC	Alcohol use and driving impaired	34	MRKT	Awareness of Existing services
21	ALC	Alcohol consumption	49	MRKT	Knowledge of available resources
28	ALC	Program to reduce alcohol usage	17	PNEO	Increase prenatal care for unwed mothers
33	ALC	Alcohol awareness	1	POV	Homelessness
35	ALC	Alcohol- overconsumption	1	POV	Poverty/Cost of Living
39	ALC	Alcohol	2	POV	Social deterrents of health- better homeslessness/poverty/lack of affordable housing
40	ALC	Alcohol Abuse	5	POV	Housing
46	ALL	Healthcare	11	POV	Cost of housing
2	BH	Improve mental health services	14	POV	Number of children receiving reduced meals
3	BH	Mental Health behaviors-reduction in suicide	19	POV	Homelessness
4	BH	Access to mental health/substance abuse resources	23	POV	Household income
5	BH	Mental Health	26	POV	Impact of household income
6	BH	Mental Health for all age groups	28	POV	Impact of household income
7	BH	More resources for behavioral health	36	POV	Homelessness
9	BH	Need increased mental health services	41	POV	Poverty/Cost of Living
10	BH	Mental Health Services	42	POV	Poverty Resources
11	BH	Availability of mental health services	43	POV	Homelessness
12	BH	Depression for adolescent to adults	47	POV	Homeless Shelters
12	BH	Remove stigma	38	PREV	Preventative Healthcare
13	BH	Depression/Social Isolation	43	PREV	Wellness and prevention
16	BH	Behavioral Health	46	PREV	Prevention
18	BH	Limited Access to mental health	16	PRIM	Primary care
19	BH	Depression	34	PRIM	Connection to primary care
20	BH	More access to mental health services	40	PRIM	Primary care
21	BH	Behavioral Health	9	SMOK	Vaping
22	BH	Access to behavioral health	40	SMOK	Smoking cessation efforts for young adults
22	BH	Crisis intervention/stabilization	20	SPEC	Improve access to specialty care
23	BH	Another mental health, obesity and drug abuse center	21	SPEC	Access to specialists
25	BH	Poor mental health	31	SPEC	Access to specialty care
26	BH	Mental Health	48	SRUG	Substance Abuse-youth
27	BH	Accessiblity to BH providers	1	SUIC	Suicide
28	BH	Mental Health resources	11	SUIC	Reduce suicide rate
29	BH	Accessible BH	19	SUIC	Suicide prevention
29	BH	Healthcare of local youth data regarding mental health	23	SUIC	Suicidal health
30	BH	Mental Health access	36	SUIC	Suicide



# Wave #3 CHNA - OMC PSA Johnson County KS

## Town Hall Conversation 10/30/18 - Weakness (Color Cards) N= 52

Card #	C1	Today: What are the weaknesses of our community that contribute to health?	Card #	C1	Today: What are the weaknesses of our community that contribute to health?
44	DRUG	Opioid Use is a concern	41	SUIC	Suicide
45	DRUG	Substance Abuse	44	SUIC	Suicide intervention
49	DRUG	Increasing abuse of substances including vaping	45	SUIC	Suicide
50	DRUG	Substance treatment	46	SUIC	Suicide/Abuse
51	DRUG	Drug Awareness in School	47	SUIC	Suicide Prevention (early screening)
52	DRUG	Pharmacy/Drug abuse	50	SUIC	Suicide
5	DUPL	Joint incentives, too many conflicting needs	5	TRAN	Transportation
24	ECON	Economic inequity	9	TRAN	Transportation
17	EMER	ER needs resources for soft supplies/medications	13	TRAN	Transportation
3	FINA	Affordable health care	17	TRAN	Transportation
8	FINA	Affordable healthcare	19	TRAN	Transportation/Communication
14	FINA	Affordable Healthcare	29	TRAN	Transportation to increase accessibility
15	FINA	Social deterrents screening to address affordable access	30	TRAN	Transportation
17	FINA	Reach out to the Hispanic community with more affordable health options	37	TRAN	Drive alone- long commute
18	FINA	Affordable Healthcare	41	TRAN	Transportation
23	FINA	Affordable healthcare	45	TRAN	Transportation
29	FINA	More access to affordable care	47	TRAN	Transportation/access for outpt
29	FINA	Higher reimbursement rates	49	TRAN	Access to services including transportation
30	FINA	Affordable healthcare	40	VACC	Immunizations
34	FINA	Affordable access of those resources	25	VIO	Violence
43	FINA	Affordable Healthcare	38	VIO	Violence
44	FINA	Affordable healthcare should not be an issue	41	VIO	Abuse/violence
47	FINA	Affordable Healthcare	45	VIO	Violence
12	FIT	Exercise	50	VIO	Violence
1	HH	Home Health Access	3	WAIT	Emergency room waits
42	HRT	Heart Disease and Diabetes	25	WELL	Health education
4	INSU	Access to affordable health insurance	31	WELL	Educational attainment for patient communities
6	INSU	Uninsured-affordable care	45	WELL	Wellness
18	INSU	Medicaid expansion	46	WELL	Wellness
			46	WELL	Education Awareness

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## c) Public Notice & Requests

[VVV Consultants LLC]



DATE: Aug. 1, 2018

CONTACT: Lindsey Elliott  
Public Relations Specialist  
913-791-4310  
Lindsey.elliott@olathehealth.org

### **Olathe Center Invites Community to Provide Input About Healthcare Needs**

**Olathe, KAN. (Aug. 1, 2018)** – Olathe Medical Center (OMC) is seeking input from community members about the healthcare needs and desires in southwest Johnson County. All community residents and business leaders are encouraged to fill out a short online survey at <https://www.surveymonkey.com/r/OlatheMedCHNA> by Aug. 31. In addition, you are invited to attend a Town Hall meeting from 7:30 - 9 a.m. on Tuesday, Oct. 30 at the Olathe Health Education Center, 21201 W. 152<sup>nd</sup> St. in Olathe, Kan., to discuss this topic with representatives from OMC and other community health providers. Breakfast will be provided.

"The health of our community is a priority for our entire health system," Frank H. Devocelle, President/CEO of Olathe Health, said. "We hope the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county."

The information discussed at the Town Hall will be part of a final public report, called the Johnson County Community Health Needs Assessment (JCCHNA). This report is an update to the JCCHNA completed in 2015, and it will meet the Patient Protection and Affordable Care Act regulations stating non-profit hospitals must conduct a community health needs assessment and adopt an implementation strategy at least once every three years.

~more~

This report will provide guidance to address the county's healthcare needs. The goal is to help OMC understand its progress in addressing community health needs cited in the 2015 report and to collect up-to-date community health perceptions.

OMC executed several projects based on the healthcare needs cited in the 2015 report, including:

- Partner with the Deaf Cultural Center to participate in the Deaf Community Health Literacy Planning Committee, which provides health screening opportunities and educational workshops.
- Partner with Kids TLC to embed mental health providers in Olathe Health Family Medicine office locations for increased access.
- Partner with the City of Olathe's Parks & Recreation team to launch Get Active Olathe app, a program designed to engage the Olathe community in healthy activities.

The full version of OMC's 2015 Community Health Needs Assessment and 2017-2019 Community Health Improvement Plan can be found at [olathehealth.org/community](http://olathehealth.org/community).

We value your input and hope you take the short survey and join us at the upcoming Town Hall. If you have any questions about CHNA activities, please call 913-791-4311.



DATE: Aug. 17, 2018

CONTACT: Lindsey Elliott  
Public Relations Specialist  
913-791-4310  
Lindsey.elliott@olathehealth.org

### **Olathe Medical Center Invites Community to Provide Input About Healthcare Needs**

**Olathe, KAN. (Aug. 17, 2018)** – Olathe Medical Center (OMC) is seeking input from community members about the healthcare needs and desires in southwest Johnson County. All community residents and business leaders are encouraged to fill out a short online survey at <https://www.surveymonkey.com/r/OlatheMedCHNA> by Sept. 7. In addition, you are invited to attend a Town Hall meeting from 7:30 - 9 a.m. on Tuesday, Oct. 30 at the Olathe Health Education Center, 21201 W. 152<sup>nd</sup> St. in Olathe, Kan., to discuss this topic with representatives from OMC and other community health providers. Breakfast will be provided.

“The health of our community is a priority for our entire health system,” Frank H. Devocelle, President/CEO of Olathe Health, said. “We hope the community and health professionals will take advantage of this opportunity to provide input into the future of healthcare delivery in our county.”

The information discussed at the Town Hall will be part of a final public report, called the Community Health Needs Assessment (CHNA). This report is an update to the CHNA completed in 2015, and it will meet the Patient Protection and Affordable Care Act regulations stating non-profit hospitals must conduct a community health needs assessment and adopt an implementation strategy at least once every three years.

~more~

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- Partner with the City of Olathe's Parks & Recreation team to launch Olathe Active app, a program designed to engage the Olathe community in healthy activities.

The full version of OMC's 2015 Community Health Needs Assessment and 2017-2019 Community Health Improvement Plan can be found at [olathehealth.org/community](http://olathehealth.org/community).

We value your input and hope you take the short survey and join us at the upcoming Town Hall. If you have any questions about CHNA activities, please call 913-791-4311.

###



DATE: Oct. 4, 2018

CONTACT: Lindsey Elliott  
Public Relations Specialist  
913-791-4310  
Lindsey.elliott@olathehealth.org

### **Olathe Medical Center Invites Community to Provide Input at Upcoming Town Hall Meeting**

**OLATHE, KAN. (Oct. 4, 2018)** – Olathe Medical Center (MCMC) is seeking input from community members about the healthcare needs and desires in Johnson County. All community residents and business leaders are invited to attend a Town Hall meeting from 7:30 - 9 a.m. on Tuesday, Oct. 30 at the Olathe Health Education Center, 21201 W. 152<sup>nd</sup> St. in Olathe, to discuss this topic with representatives from OMC and other community health providers. A light breakfast will be provided starting at 7:15 a.m.

This event is being held to identify and prioritize the health needs of Johnson County residents. Feedback from the meeting will also serve to fulfill both federal and state mandates.

Vince Vandehaar, principal consultant at VVV Consultants LLC from Olathe, Kan., has been hired to facilitate this meeting.

If you have any questions about CHNA activities, please call 913-791-4311.

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## d) Primary Research Detail

Neighborhood Roundtables & Online Research

[VVV Consultants LLC]



### CHNA 2018 Community Feedback - OMC PSA N=466

ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and / or changed?
1243		Average	Not really changing much	ACC	ALC		Access to Psychiatric Care and addiction , alcohol and drug abuse
1071	66062	Average	Increasing - moving up	ACC	ALL		Access to total care for LEP and Deaf patients
1072	66062	Good	Increasing - moving up	ACC	ALL		Better access for LEP and Deaf patients in total overall care
1198	66212	Poor	Decreasing - slipping downward	ACC	BH		Access to abortion services need expanding, fake pregnancy crisis centers eliminated or forced to be honest, mental health access is woefully inadequate, costs are outrageous
1418	66061	Very Good	Increasing - moving up	ACC	DENT		Health care and dental care for the homeless needs improvement.
1274	66018	Average	Not really changing much	ACC	DOCS		I don't even know if there is a doctor in De Soto. If so what is his/her name?
1441	66062	Very Good	Increasing - moving up	ACC	INSU		Increase healthcare access to those who are under-served (e.g., uninsured, poverty level) via a value-based provider, which can see at-risk patients in their home (e.g., mobile, integrated).
1337		Very Good	Not really changing much	ACC	INSU		more access to care for non-insured or under-insured patients. better transportation options for people to get to appointments.
1256		Very Poor	Not really changing much	ACC	MAN		There is no quality care anywhere closer than the doctors buildings on 151st street. There should be something closer than the drive to those doctors. My POP, ENT, OBGYN, orthopedic doctor and pulmonary doctor are in that area.
1456	66040	Very Good	Increasing - moving up	ACC	NUTR	COMM	Greater access to health/nutrition education as well as additional educational resources for those reaching Medicare age and comparing Medicare D prescription plans each fall.
1308	66018	Very Good	Increasing - moving up	ACC	SPEC		OMC needs a clinic in De Soto, please.
1223	66212	Average	Not really changing much	ACC	SS		Private pay individuals, access to transportation, supports, programs for social services, access to social services.
1315	66215	Average	Decreasing - slipping downward	ACC	URG	COMM	The focus has shifted from the patient to the business of healthcare. Access has increased with urgent cares on every corner but it is not patient focused and none of urgent cares communicate with each other.
1250	66018	Poor	Not really changing much	ACC	URG	DENT	Better access to urgent or emergent care centers is needed in this area. Access to additional doctors and dentists is sorely needed. There is one physician office in De Soto with a PA, a nurse practitioner and a medical doctor that rotates offices so it is extremely hard to get an urgent appointment. The nearest specialists are in Olathe, and some further than that. There is only one dentist in De Soto. That dentist overbooks his appointments so the wait time when you have a scheduled appointment is unacceptable.
1369	66210	Good	Increasing - moving up	ACC			access to care, social determinants of health
1107	66218	Good	Not really changing much	ACC			Better access to care in regards to getting appointments in a timely manner.
1272	66021	Average	Not really changing much	ACC			Easier availability to regular appointments, ability to get outpatient testing, such as mammogram, ultrasound" stays without having to go to the hospital campus.
1414		Very Good	Not really changing much	ACC			More walk in access
1164	66217	Very Good	Increasing - moving up	ACC			patient access to services that assist with medication cost
1249	66021	Poor	Not really changing much	ACC			Same day appointments affordable care
1262	66030	Average	Increasing - moving up	ACC			The ability to make same day appointments that aren't at a walk in clinic.
1350	66062	Very Good	Not really changing much	ACC			The bureaucracy that creates obstacles to accessing healthcare. Universal healthcare is the only moral solution.
1269	66018	Poor	Not really changing much	ACC			This question is difficult to understand. I recommend rewording it. There is minimal local access to resources in this community.
1462	66213	Very Good	Increasing - moving up	ALL	BH	ALC	All o the past CHNA areas identified continue to be of concern. The state's continued refusal to expand KanCare exacerbates patient access to care. Use of opioids continues as a major area of concern along with other substance abuse disorders and behavioral health issues.

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1452		Good	Not really changing much	ALL			All of these metrics would take on additional meaning if they were consistently tied to productivity.
1323	66018	Very Poor	Decreasing - slipping downward	ALL			All the above
1207	66062	Very Good	Increasing - moving up	ALL			I think all are good.
1056	66212	Very Good	Increasing - moving up	ALL			it is wonderful
1422		Average	Not really changing much	ALL			Many...see prior question.
1026	66062	Very Good	Increasing - moving up	ALL			more meetings and feed back
1354	64131	Average	Not really changing much	ALL			Would be interested in non-injection options for annual flu immunization.
1416	66062	Good	Not really changing much	ASLV			we need more affordable housing for our seniors and disabled
1066	66062	Good	Not really changing much	BH	ACC	FAC	Resources for acute and sub-acute mental health seem incredibly poor. Long wait times for sub-acute outpatient appointments, long wait times for inpatient admission, and limited facilities to care for patients that have continuing medical needs (i.e. dialysis + SI/SA).
1030		Average	Increasing - moving up	BH	ACC	SPEC	Mental health care access and access to specialists (ie. rheumatologists, orthopedics, cardiologists) could be improved.
1247	66030	Good	Not really changing much	BH	ACC		Access to mental health care can be improved. Community education projects surrounding mental health needs may decrease the stigma & mystery surrounding mental health. Community workshops for healthy cooking on a budget, benefits of an active lifestyle, addiction support groups, etc. would provide residents opportunities to gain knowledge/tools to improve their health.
1373	66062	Good	Increasing - moving up	BH	ACC		I think it holds true for Johnson County, the State and the US that mental health services are increasingly lagging in terms of accessibility and effectiveness when compared to physical health services. Access to all types of services seems to be an increasing issue as well, with so many unable to afford health services - even with the PPACA. Kansas needs Medicaid expansion - this would not be a magic bullet, but it will help.
1279	66221	Average	Not really changing much	BH	ACC		MENTAL HEALTH NEEDS TO BE AVAILABLE TO ALL
1300	66021	Very Good	Increasing - moving up	BH	ASLV		Senior citizens mental health and how to get them skilled nursing care at home. Not sure how insurance, Medicare and Medicaid work for this population. Our parents are aging and we are trying to learn how to best care for them.
1431	66061	Good	Increasing - moving up	BH	COMM		mental health access, information and services is an area that is lagging behind. Demand is steadily increasing while services are being cut or stagnant
1104	66067	Very Good	Increasing - moving up	BH	DOH		Mental health services need to be expanded, as there never seems to be enough help in that area. Police departments and ERs do the heavy lifting, and many times there are no beds in psychiatric departments available when needed.
1130	66206	Good	Decreasing - slipping downward	BH	DRUG		funding for mental health and addiction issues is terrible. Anyone who has had to help someone through addiction knows how difficult it can be to find a bed or help at all
1358		Average	Decreasing - slipping downward	BH	EMER		Lack of Mental Health services. More SocioEconomic guides in healthcare at all levels of care such as social workers, counselors etc. Out of network providers in ER's and other in network facilities.
1448	66018	Good	Not really changing much	BH	FAC	DRUG	The lack of in patient mental health facilities. Distance to health care providers. Prescription drug abuse.
1455	66202	Average	Decreasing - slipping downward	BH	HOSP		The KC region has lacked an integrated care system - utilizing community based services (organizations) to work with providers to ensure successful health outcomes once patients/people are in the community. Mental health services continue to be scarce. Greater attention and planning could be given to the implications of the dramatic increase of older adults in our region.
1438	66062	Good	Not really changing much	BH	INSU	COMM	Mental Health services coordination and provision Inpatient mental health is not adequate Access to low cost health care is becoming more difficult and complex for population with transportation, language, and cultural barriers. Need increased communication of available resources (may be additional resources if families and caregivers were aware of them). Mobile services are greatly needed. Mobile Integrated Health has been very effective in providing mobile services to students in schools and to families. Need expansion of these services.
1196	66061	Average	Decreasing - slipping downward	BH	INSU		homeless care, mental health improvement, low income follow care
1218		Very Poor	Increasing - moving up	BH	INSU		Mental health access with insurance coverage

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1019		Average	Not really changing much	BH	NUTR	SMOK	Mental health care needs to be addressed. Also classes on nutrition and smoking cessation.
1271	66021	Good	Not really changing much	BH	OBES		Mental health and obesity.
1204	66210	Average	Not really changing much	BH	OTHR		access to crisis mental health services, i.e. short-term mental health stabilization beds is at a crisis low in our community. Integration of oral health into overall health remains largely unaddressed by the hospital community, resulting in overuse of ER services for basic preventative and restorative treatment, and negative impacts on treatment of diseases like cancer, diabetes, nutritional disorders, etc. Lack of advocacy for Medicaid expansion in Kansas continues to hamper progress on uninsured rates and access to care for low-income Kansans who make it too difficult to qualify for Medicaid in KS---\$9k for a family of 3--and too little to be eligible for subsidies on the health insurance marketplace. Olathe Med noticeably absent from this debate in recent years, unlike its competitors at KU, St. Luke's and SM Med.
1411	66061	Good	Decreasing - slipping downward	BH	OTHR		More focus on managing patients through lifestyle changes before prescribing medications. Mental health issues.
1070	66062	Good	Increasing - moving up	BH	SMOK	DRUG	Strong outreach to young people regarding health and mental health hazards of substance abuse, including smoking and alcohol
1231	66061	Good	Increasing - moving up	BH	SMOK		school-based mental health Suicide awareness e-cigarettes advocate for medicaid expansion
1445	66018	Good	Increasing - moving up	BH	SPEC		cancer treatment; mental health
1181	66217	Good	Not really changing much	BH	SUIC		Mental health assessment by far needs the most improvement. Sending someone to an ER and being sent home without assistance due to the fact the staff and physician is unable to help is unacceptable, especially in this day-in-age when suicide is so prevalent.
1037	66061	Average	Increasing - moving up	BH	VIO		Mental health for Olathe population is a high needs area, we have more homeless population as well as prison population, substance abuse, etc.
1437	66062	Good	Increasing - moving up	BH	WELL	INSU	Comprehensive Mental Health Service (integrated system of wrap-around services in our community) Awareness of existing resources in the community for under-insured and un-insured individuals/families.
1338	66061	Good	Increasing - moving up	BH	WELL		Mental health is huge for everyone; affordable wellness programs are needed for the minimum wage earner
1425		Very Good	Not really changing much	BH	WELL		Mental health resources for children and adults is critical. There are many wellness resources but people choose not to use them.
1078		Good	Not really changing much	BH			access to mental health
1095	66214	Very Good	Increasing - moving up	BH			Accessibility to mental health clinics needs to be improved. I feel like this is greatly underserved in our area.
1021	66212	Very Good	Increasing - moving up	BH			Behavioral health is lacking
1168		Good	Decreasing - slipping downward	BH			I feel the mental health system is a disaster. Poor resources, poor f/u in a very predominant indigent population make resources few and far between. In a capital economy I do not see this changing.
1134	66062	Good	Not really changing much	BH			improved mental health access
1064	66030	Average	Not really changing much	BH			Increase in Mental Health services along with the addition of drug/rehab facilities that have available beds for the population
1139	66215	Good	Not really changing much	BH			increasing mental health services and services for the elderly that don't qualify for area on aging services
1386		Good	Not really changing much	BH			Limited mental health options.
1217		Very Good		BH			Mental health
1049		Good	Increasing - moving up	BH			mental health
1090	66062	Good	Increasing - moving up	BH			Mental Health
1110	66071	Very Good	Decreasing - slipping downward	BH			Mental health
1149	66061	Good	Increasing - moving up	BH			mental health
1177	66071	Very Good	Increasing - moving up	BH			Mental Health
1221	66062	Very Good	Increasing - moving up	BH			Mental health
1351	66061	Average	Decreasing - slipping downward	BH			Mental Health
1396	66223	Poor	Not really changing much	BH			Mental Health
1113	66030	Good	Not really changing much	BH			mental health
1224		Very Good	Increasing - moving up	BH			Mental health
1051	66212	Good	Increasing - moving up	BH			mental health and veteran care in JoCO
1150		Good	Not really changing much	BH			mental health access needs improvement.
1402	66030	Average	Increasing - moving up	BH			mental health at the clinic level
1241	66062	Good	Increasing - moving up	BH			mental health coverage

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1365	66213	Average	Decreasing - slipping downward	BH			Mental health for acute needs
1330	66061	Average	Not really changing much	BH			mental health for minors. I don't feel the need for safety and security is taken seriously. 'they are kids, they say things they don't mean or things out of the moment' not acceptable.
1213	66061	Average	Decreasing - slipping downward	BH			mental health is a huge issue
1407	66061	Good	Not really changing much	BH			Mental health needs
1294		Good	Not really changing much	BH			Mental Health needs to be worked on. All patients need care and not based if they have an SED waiver.
1413	66030	Good	Increasing - moving up	BH			mental health opportunities for teens and young adults
1069	66061	Average	Not really changing much	BH			mental health resources
1228	66013	Good	Increasing - moving up	BH			Mental health resources
1245		Good	Increasing - moving up	BH			MENTAL HEALTH SERVICES - we need more acute care and facilities.
1384	66061	Average	Not really changing much	BH			Mental health services are lacking in Johnson county and adjacent areas both inpatient and outpatient, especially rehab or long term care.
1449	66062	Very Good	Not really changing much	BH			Mental health support
1153	66219	Average	Not really changing much	BH			mental health treatment
1108	66062	Good	Increasing - moving up	BH			mental health, need more places for them to go to get help.
1166	66083	Good	Increasing - moving up	BH			Mental Health/Therapy clinics are needed in the Olathe area.
1457	66061	Good	Not really changing much	BH			Mental Health-needs to be more widely addressed, and stigma for seeking specialized services & specific treatment destigmatized.
1188	66062	Very Good	Increasing - moving up	BH			More mental health services
1318	66062	Good	Not really changing much	BH			Need more support groups for mental health among teens
1391	66227	Good	Not really changing much	BH			Olathe Health needs a stronger presence in mental health and promoting mental health directives.
1322	66061	Good	Increasing - moving up	BH			perhaps more aide in Mental Health
1232	66061	Very Good	Increasing - moving up	BH			Possibly better mental health services
1020	66030	Good	Increasing - moving up	BH			Psych. We need more places to care for these pts.
1114	66061	Very Good	Not really changing much	BH			The mental Health population is increasing yet the resources for these patients are decreasing tremendously
1024		Poor	Not really changing much	BH			there needs to be more mental healthcare.
1125	66223	Average	Not really changing much	BH			We need to have more mental health services available.
1326	66062	Very Good	Increasing - moving up	BH			we still lack adequate behavioral health care
1454	66030	Average	Not really changing much	BH			When people ask for help with mental issues, they are then referred to as high risk, so then the insurance does not want them and then there rates also increase.
1193	66061	Good	Not really changing much	COMM	HOSP		Yes, we need to offer integrative care....this will take an overhaul of fragmented mindset. Also, we need to make it easier to allow patients access to our services, namely, listen to the staff and when we say we are overbooked, investigate the problem in depth and realize there is more growth opportunity in places the system isn't looking.
1085		Good	Not really changing much	COMM			Communication
1209	66062	Average	Not really changing much	COMM			Communication with the staff to the patients is missing.
1304		Average	Decreasing - slipping downward	DENT			Affordable dental care would be nice. Dental insurance seems to be as worthless as prescription drug coverage.
1401		Good	Decreasing - slipping downward	DOCS	ACC		ORTHOPEDECS - NEED TO HIRE MORE ORTHOS FOR JCO
1191	66030	Good	Not really changing much	DOCS	COMM		Healthcare education! That can range from insurance questions, understanding bills, understanding what doctors do what, access to medical studies to be better informed when talking with a doctor or desiring different treatment, etc.
1009	66062	Average	Decreasing - slipping downward	DOCS			Got very little education on c-diff from my PCP or GI doctor. Had to educate myself using the Internet.
1159	66217	Good	Not really changing much	DOCS			Health care professionals need to LISTEN and spend more time understanding the needs of patients/7-8 minutes is not enough
1283	66018		Decreasing - slipping downward	DOCS			Medicare accepting Doctors
1361	66061	Good	Increasing - moving up	DOCS			Seeing physicians more often instead of PAs or Nurse Practitioners
1276	and KAN	Poor	Decreasing - slipping downward	DOCS			Simply, I do not think there is the care factor in JoCo. Laying odds if a patient sued their Dr, the courts would side with the Dr no matter what. The Dr could be holding a machete that is going through the patient, and they'd find in favor of the Dr. The lack of concern for those in need is staggering here.
1081	66013	Good	Not really changing much	DOCS			The doctor offices need to call lab or x-ray results to the patient. Twice we have had to call and check on test results that were done 1-2 weeks before!

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1220	66030	Very Good	Increasing - moving up	DOCS			We need more pediatric options, kids are often sent of to children's mercy. I wish we wouldn't have to go there just because our kids have a simple issue.
1335	66062	Average	Decreasing - slipping downward	DRUG	COMM		Johnson County is a huge hub for illicit drugs/suicide/poor coping mechanisms. I would like to see more outreach into the school settings to teach these young adolescents/young adults about appropriate coping mechanisms even if parents are not involved
1197	66030	Good	Increasing - moving up	DRUG			Is there enough being done for drug addicts?
1430		Good	Not really changing much	DRUG			opiod addiction
1332	66061	Good	Increasing - moving up	DRUG			there should be drug and alcohol classes
1233		Very Good	Increasing - moving up	DRUG			We need better control or elimination of opients (SP?) drugs.
1460	66030	Very Good	Increasing - moving up	EMER			Emergency room - still takes too long to be seen by a medical professional for non-life threatening situations.
1453		Good	Not really changing much	FAC			More non-emergency facilities in NE Olathe
1424		Very Good	Increasing - moving up	FAC			More research facilities.
1405	66061	Very Good	Increasing - moving up	FIT	NUTR		Maybe some lower cost fitness options at the YMCA facilities in Olathe.
1029	66061	Good	Increasing - moving up	FIT			more exercises opportunities for the population and staff, for the community exercise groups and for the staff, a exercise room.
1244	66062	Good	Not really changing much	HH	ACC		healthcare delivery to low income individuals, especially the availability of care
1397	66062	Good	Increasing - moving up	HH	ALL		Healthcare for elderly. I see them lost and struggling a lot in the hospital to get to places alone.
1212	66061	Very Good	Increasing - moving up	HH	DOCS		Physicians to see patient's at home. Especially since folks weight seems to be ever increasing, and they have difficulty getting out of the house.
1394	66061	Average	Decreasing - slipping downward	HH	HOSP	COMM	More of a push towards planning end-of-life care so that all patients, no matter age, are prepared. This includes the importance of a Living Will, Advance Directive and a DNR(if needed) so that the patient and family members are on the same page. This will allow the patient and family not to have the extra stress of wondering what the friend or family member wants at the end of life. I also believe that the push for better mental health care is in dire need of reform. There needs to be a better way of determining what a patient needs instead of just pushing pills. A physician or therapist must keep better communication with the individual.
1444		Average	Increasing - moving up	HH			Bring health education to the people-not let the people come to health education.
1055	66062	Very Good	Not really changing much	HH			housecalls addiction medicine
1395	66062	Very Good	Not really changing much	HOSP	COMM	PREV	There's not enough of a hospital presence advertised to the community. Sure, there's a descent online presence, but I never see flyers, posters, or any other hard-copy print advertised out there. The people most app to respond to hospital events frequent the hospital already (sick and elderly). You're not going to catch people's attention who aren't otherwise looking for you. This is imperative for preventative medicine.
1109		Average	Not really changing much	HOSP			hospital in the area needs to be updated to compete with other hospitals in the area
1327	66062	Average	Not really changing much	HOSP			I'd like to see OHS add small clinics (like St. Luke's) in local grocery stores
1408	66061	Good	Increasing - moving up	INSU	COMM		Managing the people with no health insurance, when they need care it is very hard to find. One idea I have is to create a community health fund that the public and hospital employees could donate to through payroll deduction to help them pay for services, or walkers, wheelchairs.
1393	66061	Very Good	Increasing - moving up	INSU	HH	BH	We need more clinics for the uninsured or access to health care at discounted rates. We need to encourage the uninsured to obtain health insurance. We need the insurance companies to offer affordable policies. We need more emphasis on responsible drinking. We need MANY more mental health providers.
1128	66071	Average	Not really changing much	INSU	HOSP		more services south of olathe for patients with little or not health care insurance. Its not always affordable for some.
1148	66062	Very Good	Increasing - moving up	INSU			care for under insured and un insured persons and f/u following hospitalization
1387	66062	Average	Not really changing much	INSU			Safety net services are stretched to the max. Need more for the underinsured
1206	66061	Very Good	Increasing - moving up	IP	OP		The need for inpatient and outpatient behavioral health are both areas of need for the community. Inpatient and outpatient clinical staffing need to be increased in the area.

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1143	66216	Average	Decreasing - slipping downward	MAN			As employees of Olathe Health we tend to have less choice regarding physicians since insurance fees are higher if we go to physicians outside the Olathe Health System to get further tx when specialists in the Olathe Health System are unable to diagnose the problem
1242		Average	Not really changing much	MAN			Cost for follow up and cost of medication needs to be explored, many referrals from clinics offices etc ignore costs of care
1379	66221	Good	Increasing - moving up	NO			Always room for improvement, unsure what needs to be done.
1305	66018	Good	Increasing - moving up	NURSE			Depends on location. Nurses seem to be scarce in many hospitals.
1388	66061	Good	Not really changing much	NUTR	FIT		Nutrition Education and Exercise
1174	66062	Good	Decreasing - slipping downward	NUTR	WELL		Increasing coverage for outpatient nutrition services (i.e. Medical Nutrition Therapy - MNT) via insurance or consider implementation of a program that provides subsidized nutrition education. Medicare and Medicaid as well as the majority of private insurers do not cover nutrition education and MNT, so many patients do not have the ability to pay out of pocket; even if it will improve their medical condition. As we all know, nutrition plays a huge role in so many health conditions and a relatively small investment in nutrition education now can pay off in terms of not only lowered medical bills, but also quality of life for the patient and their family and a healthier community overall.
1364	66215	Average	Decreasing - slipping downward	NUTR			At OMC there used to be a weight loss management class. This does not seem to be offered any longer. There are also no exercise classes offered connected with OMC.
1328	66062	Average	Not really changing much	NUTR			Eating Habits
1420	66061	Good	Not really changing much	OBES	BH		social determinate/affordable stable housing, obesity and mental health
1311	66083	Average	Not really changing much	OBES	DOCS		People that are overweight. The doctors seem to understand addiction in every area but food. I am so tired of going to an OMC dr to be told my finger hurts because I am overweight. (that is just an example) I have been told over and over will power. I even had a dr tell me I had the fork syndrom. I was like what. Well you just need to learn to put the fork down. Really? Your drs are really good at pushing surgery. Im sorry I am not going to have such an invasive surgery where there are and should be alternatives. But your doctors only want to talk about will power and surgery.
1187	66083	Good	Not really changing much	OBES	NUTR		Decreasing obesity through promotion of healthy eating and activity.
1344		Good	Increasing - moving up	OTHR			Cleanliness of older building could improve
1389	66213	Good	Not really changing much	OTHR			cost of healthcare is too much
1205	66061	Good	Increasing - moving up	OTHR			Expand beyond Olathe
1400	66062	Very Good	Increasing - moving up	OTHR			I would like to see a bilingual office in Central Olathe to serve our patients in that area. A lot of them have limited access to healthcare, as well as transportation.
1329	66213	Very Good	Increasing - moving up	OTHR			If anything there is too much overlap of services with competing health care groups. That is very expensive to keep up.
1124	66061	Good	Not really changing much	OTHR			More medical offices and area hospitals accepting KS Medicaid
1215	66219	Good	Not really changing much	OTHR			Options for paying for healthcare need to improve.
1427	66213	Good	Increasing - moving up	OTHR			Patient compliance/ignorance. We know that tests and early detection are important yet we fail to follow up.
1144	66018	Very Good	Increasing - moving up	OTHR			Required medications should be more reasonable in cost. However, more emphasis should be placed on wholistic approaches to health instead of pills for everything
1270	66061	Good	Not really changing much	OTHR			Teaching patients and their families how to advocate for themselves and not just take the answers they are given.
1040	66061	Good	Decreasing - slipping downward	OTHR			The orthopedic coverage in this community needs to get back to OMC and not to an outside group
1447	66030	Good	Not really changing much	OTHR			Transparency with patient fees.
1286		Very Poor	Decreasing - slipping downward	OTHR			We need more offices.
1027		Very Good	Increasing - moving up	OTHR			Work on giving a feed back on tests done that has no complete report to ease patient's anxiety
1319	66062	Very Good	Increasing - moving up	PHAR	VIO	BH	More basic pharmacy knowledge. Example being what products contain acetaminophen and how to prevent accidental overdose. Emphasis should also be placed on the importance of always keeping a list of your current medication on hand. We need a psychiatric hospital
1171		Average	Not really changing much	PHAR			changes to mail order pharmacy programs
1133		Good	Not really changing much	PHAR			should be able to use local to obtain prescriptions instead of mail delivery.
1058	66061	Good	Not really changing much	PHAR			South/southwest Johnson County needs a 24 hour pharmacy.

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1409		Good	Not really changing much	PREV			preventative health care information - the "why" behind it
1045	66061	Very Good	Not really changing much	PREV			Prevention needs to be emphasized and living a healthy lifestyle BEFORE getting sick.
1234	66030	Good	Increasing - moving up	QUAL			Better quality and qualified physical rehab services.
1186	64082	Average	Decreasing - slipping downward	QUAL			Quality of Care and Availability
1195	66062	Good	Decreasing - slipping downward	SMOK	BH		Continue no smoking city-wide. Mental health in-patient services much needed!! Responder program with OPD is very helpful.
1428	66061	Poor	Not really changing much	SPEC	INSU		all the special care ( cancer, surgeries, dialysis etc) is not an option for people under or noninsured
1340	66061	Poor	Not really changing much	SPEC			Specialists availability is very poor.
1376	66030	Average	Not really changing much	STD			STD infections
1065	66204	Average	Not really changing much	STFF	BH		We don't have enough staff to take care of mental health patients.
1282	66030	Good	Increasing - moving up	STFF	DOCS		I would like to see more training for the medical staff that cares for special needs individuals. Sensitivity and adaptations to current medical services. My son felt terrorized at a recent medical tests due to the abrupt handling of medical equipment by a tech.
1067		Good	Increasing - moving up	STFF	DOCS		We have been short on PCTs which makes answering patient needs slow. If OHSI would offer PCTs a little extra to work extra shifts like you do nurses then they would be more willing to help out a little more.
1161	66216	Good	Not really changing much	STFF			More staffing
1314	66062	Average	Decreasing - slipping downward	SUIC	BH	DRUG	We need to increase the awareness to suicide and how to prevent it. We need more support and resources for both someone suicidal and the family's that are trying to save their loved one. I lost my son in Jan and felt the frustration by lack of help and not knowing what to do next. We also need more info out there about drugs/mental health and what to look for and how maybe the best places to seek help.
1138		Good	Increasing - moving up	SUIC			suicide prevention in young adults
1410	66215	Very Good	Increasing - moving up	TRAN	INSU		Services to the poor and low income, Transportation for services, Senior care to stay in their home
1258	66030	Poor	Not really changing much	URG			We need more 24-hour facilities, particularly for our elderly and disabled population.
1034	66083	Average	Not really changing much	WAIT	DOCS	EMER	Reduced waiting times in ER, Rehab, etc. and more Dr choices (less PAs and more MDs)
1254		Very Good	Not really changing much	WELL	FIT		More education on eating healthy and holistic living. Less emphasis on medication.
1084	66030	Very Good	Increasing - moving up	WELL	NUTR		Focus on more exercise and fitness
1357	66061	Average	Increasing - moving up	WELL	NUTR		Healthy food education and activity education would be helpful.
1201	66062	Good	Not really changing much	WELL	POV		Community resources for rising poverty numbers in our area.
1137		Average	Increasing - moving up	WELL			Men's health education
1036	66030	Very Good	Not really changing much	WELL			more diabetes care
1008	66212	Good	Increasing - moving up	WELL			women's health

## CHNA 2018 Community Feedback - OMC PSA N=466

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1272	66021	Average	Not really changing much	ACC			Anything needs to include awareness and availability
1448	66018	Good	Not really changing much	ACC			Due to population density, there are fewer options in Western Johnson County.
1350	66062	Very Good	Not really changing much	ACC	ALL		Equal access to equal services for all. Universal healthcare.
1305	66018	Good	Increasing - moving up	ACC			More access to these programs
1397	66062	Good	Increasing - moving up	AGE	TRANS		More help and direction for seniors once they enter the hospital. Maybe offer transportation for any seniors in the area to their appointments if we aren't already.
1176	66061	Good	Increasing - moving up	AGE	BH		Services for the elderly, mentally challenged and indigent
1243		Average	Not really changing much	ALC	WELL		Community at risk patients/psych/alcohol drug abuse pt.
1051	66212	Good	Increasing - moving up	ALC	DRUG		more alcohol and drug programs about driving while intoxicated
1441	66062	Very Good	Increasing - moving up	ALL			Healthcare that is mobile and coordinated within the community.
1425		Very Good	Not really changing much	BH			Access to mental health professional in a timely and affordable fashion.
1113	66030	Good	Not really changing much	BH	DRUG	CANC	Affordable mental health/substance abuse, affordable cancer treatments,
1134	66062	Good	Not really changing much	BH	DRUG	ALC	better access to acute mental health issues including drugs and alcohol. Miami county mental health offers HCP education for \$10 - but JOCO mental health offers the same program for \$50/person. Why not offer similar programs for same fees or have JOCO Mental Health partner with local hospitals to offer mental health training at a reduced rate
1426	66062	Very Good	Not really changing much	BH			better mental health facilities and programs for both youth and adult
1221	66062	Very Good	Increasing - moving up	BH			Childhood and family mental and behavioral health training and support
1373	66062	Good	Increasing - moving up	BH	ALZ		Difficult question, but there are two that are very obvious to me. Firstly is mental health, especially pediatric/adolescent mental health. There are a lack of practitioners in the community. The other issue (and I know there is focus on it) is memory care for older people who have dementia and/or Alzheimer's.
1095	66214	Very Good	Increasing - moving up	BH	OBES	WELL	Greater accessibility and education to treat mental health issues, as well as obesity and common comorbidities like diabetes, hypertension, etc. This may include greater education in the realm of exercise and nutrition.
1130	66206	Good	Decreasing - slipping downward	BH	DRUG		If your serious about helping the community invest in mental health and addiction. Often these are the people who normally don't have healthcare so are often ignored
1423	66062	Very Good	Not really changing much	BH			Improve mental health care
1408	66061	Good	Increasing - moving up	BH			Improve the number of mental health providers and programs
1361	66061	Good	Increasing - moving up	BH			Increased emphasis on mental health would affect other health issues
1204	66210	Average	Not really changing much	BH	DENT		inpatient mental health stabilization and treatment integrated oral health/primary care programs--dentists have somehow carved the mouth out of the body to their own benefit, at the expense of overall health of patients. The medical model of care is a better answer to addressing unmet oral health needs, hygiene and prevention.
1064	66030	Average	Not really changing much	BH			Just a increase in Mental Health services and awareness
1431	66061	Good	Increasing - moving up	BH			Mental Health Trauma Informed care Especially in our communities children (birth to 18)
1251	66030	Good	Increasing - moving up	BH	AGE		Mental health access, senior wellness.
1379	66221	Good	Increasing - moving up	BH			Mental health awareness and resources
1026	66062	Very Good	Increasing - moving up	BH			mental health groups
1014	66067	Good	Increasing - moving up	BH	EMER		Mental Health is in great demand. OMC is not equipped to deal w/ mental health at this time. No ER specific beds, long ER stays for placement.
1099	66064	Very Good	Increasing - moving up	BH			Mental Health programs and facilities
1114	66061	Very Good	Not really changing much	BH			mental health services
1388	66061	Good	Not really changing much	BH			Mental Health Services
1209	66062	Average	Not really changing much	BH	SUIC	WELL	Mental Health services and suicide prevention. Health Education that prevents disease verses masking symptoms with the Big Pharma Industry.
1449	66062	Very Good	Not really changing much	BH	SPEC		Mental Health. Have all specialists, primary care as well as inpatient and outpatient do mental health assessment needs and be in tune to residential needs
1332	66061	Good	Increasing - moving up	BH	DRUG		mental health drug and alcohol addiction treatment center



## CHNA 2018 Community Feedback - OMC PSA N=466

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1049		Good	Increasing - moving up	BH			More mental health awareness
1318	66062	Good	Not really changing much	BH			More mental health programs for the youth
1181	66217	Good	Not really changing much	BH			More options for mental health training, awareness, support, etc.
1331	66062	Very Good	Increasing - moving up	BH			need more education for mental illnesses
1279	66221	Average	Not really changing much	BH			PARTNER WITH MENTAL HEALTH PROVIDERS
1457	66061	Good	Not really changing much	BH	WELL	POV	Pathway To Hope is opening a Clubhouse to serve those living with serious mental illness. We will need wellness resources & homeless resources for this to be practical & meaningful help in our community.
1338	66061	Good	Increasing - moving up	BH	SUIC		Programs for adolescents for mental health, suicide prevention, the "golden rule"
1369	66210	Good	Increasing - moving up	BH	SUIC		Programs to address community mental health, suicide prevention, social determinants of health - shared resources for medical providers to access.
1061	66223	Good	Not really changing much	BH			Push more mental health awareness and resources
1021	66212	Very Good	Increasing - moving up	BH			Something with mental health
1270	66061	Good	Not really changing much	BH			Teen Mental Health
1402	66030	Average	Increasing - moving up	BH			We need better access to mental health services at the clinic level.
1396	66223	Poor	Not really changing much	BH			We should be partnering more with mental health facilities that are affordable for low income people; this is the root of a lot of health issues for people
1391	66227	Good	Not really changing much	BH	COLLAB		I think we should foster a relationship with Johnson County Mental Health.
1315	66215	Average	Decreasing - slipping downward	BILL			Offices that manage medical bills for patients as a service. Figuring out their bills once they are home is the biggest frustration.
1207	66062	Very Good	Increasing - moving up	CANC			Cancer.
1269	66018	Poor	Not really changing much	CHRON	NUTR		Education on chronic health care conditions, diet/nutrition with minimal income, resources available. The need is here!!!
1146	66061	Very Good	Increasing - moving up	CLIN			Free or low cost clinic for the most needy. One like K U Med Jaydoc or partner with Sisters of Mercy
1422		Average	Not really changing much	CLIN	BH	FAM	More walk in clinics that accept all forms of insurance. Improve mental health services. Family support and case management. Same care at all clinics, physician's offices and hospitals regardless of insurance.
1308	66018	Very Good	Increasing - moving up	CO			Bring OMC services to De Soto & Clearview City
1107	66218	Good	Not really changing much	COLLAB	BH		Better partnership with a mental health facility/resources.
1405	66061	Very Good	Increasing - moving up	COLLAB			continue efforts with Children's Mercy in Olathe
1330	66061	Average	Not really changing much	COLLAB			I think instead of working against each other like OMC SMMC and others, we need to work together, pull resources, find cures. instead of fighting over land/space and patients. we can one up you, well...how about you one up cancer? make cancer treatments better, how about you one up NICU with new parents and stop giving them private suites and start prevent diseases. amenities are nice, but baby death is not.
1233		Very Good	Increasing - moving up	COLLAB			I think we could partner with Harvesters, my church, and other care providers and work together to educate poor communities.
1196	66061	Average	Decreasing - slipping downward	COLLAB			More collaboration programs like the collaboration with the Fire Department with Integrated Health to improve community health or give access to those who are underserved.
1035	66062	Very Good	Increasing - moving up	COLLAB	SUIC		Parent/Child/School/Physician collaboration on potential suicide identification and prevention.
1358		Average	Decreasing - slipping downward	COLLAB			Partner better with other healthcare organization for continuing care of your patients
1177	66071	Very Good	Increasing - moving up	COLLAB			Partner with Elizabeth Layton?
1300	66021	Very Good	Increasing - moving up	COLLAB			Partner with JOCO to provide elder Care seminars with questions and answer periods.
1247	66030	Good	Not really changing much	COLLAB	BH	AGE	Partner with K State Extension for nutrition/healthy cooking classes Partner with KC Metro mental health professionals to provide workshops/classes Social activities/meals for seniors Increase safety/visibility of walking trails Add exercise stations to walking trails Partner with USD 231 for healthy cooking demos/classes for parents & children
1231	66061	Good	Increasing - moving up	COLLAB			Partner with schools
1036	66030	Very Good	Not really changing much	COLLAB			partner with VA

## CHNA 2018 Community Feedback - OMC PSA N=466

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1193	66061	Good	Not really changing much	COLLAB			Why not partner with those in the system who have ideas? I am willing and ready to help develop several programs, but the hospital priority has been on building new buildings and not on program development. We need integrative care, we need a more formalized pregnancy and post-partum program (fourth trimester), and we need more community outreach on more diverse nutrition topics than weight loss.....as the nutrition issue is much more vast than that, and we're missing the boat if we don't as a health care system embrace this to move forward. How about cancer prevention, not just treatment.
1271	66021	Good	Not really changing much	COLLAB			Work closely with Johnson County Mental Health and have a screening process in place to get assistance for that section of population.
1125	66223	Average	Not really changing much	COLLAB	BH		Yes, I think we need to partner with Johnson County Mental Health if we haven't already. That facility is in close proximity to ours. Plus we need a facility with mental health care that offers care on a sliding scale, as mental health is the root of many other illnesses.
1427	66213	Good	Increasing - moving up	COMM			I'm not sure new programs are the answer. Better communication of existing programs along with improved processes may be a better utilization of time/money.
1045	66061	Very Good	Not really changing much	CORP			I would like to see more involvement with the Olathe Community Center. I know we are there and certain departments do a LOT with them, but it does not translate to the entire healthcare system. Even within our system we are not aware of the cool things others are doing. We need to be our own best advocates.
1058	66061	Good	Not really changing much	DENT	BH		Dental clinic, more free or income-based care, especially mental health services.
1456	66040	Very Good	Increasing - moving up	DIAB			Diabetes Education programs are needed. I know these aren't new, but folks on diabetes do not always understand how to follow a meal plan and avoid foods that they should not have...and to take their medicine. Additional access to mental health awareness/prevention/treatment programs are needed for all ages/stages.
1393	66061	Very Good	Increasing - moving up	DOH	VACC	COMM	Better alliance between the county health department, Health Partnership and existing offices. Immunization clinics on Saturdays. Better communication with existing mental health facilities and improved access
1462	66213	Very Good	Increasing - moving up	DOH	COLLAB		There is so much work to be done to address the social determinants of health. It would be great if the hospitals would all partner with the public health department to select one social determinant on which to focus. Regardless of what determinant is selected, partnering will be absolutely essential.
1241	66062	Good	Increasing - moving up	DRUG			illegal drug cessation/prevention, opioid drug addiction-prescribe less narcotics
1389	66213	Good	Not really changing much	DRUG	AGE		Opioid addiction, senior program availability
1055	66062	Very Good	Not really changing much	DRUG			substance abuse counseling and tehabilitation
1195	66062	Good	Decreasing - slipping downward	DRUG	BH		Substance abuse, including ETOH, and mental health access for in-patient is needed. Cottonwood is very difficult to work with for patients to gain access to their facility.
1335	66062	Average	Decreasing - slipping downward	EDU			pairing more with Olathe school district, Spring Hill, Paola, etc school districts
1126	66061	Good	Increasing - moving up	FINA	INSU		Lower healthcare rates. Insurance is way to expensive.
1262	66030	Average	Increasing - moving up	FIT			Affordable access to exercise would be very beneficial.
1234	66030	Good	Increasing - moving up	FIT	AGE		Again - Excercise is key to aging healthfully. We need more "free" programs for senior citizens on fixed incomes. Also a place for "seniors" to walk indoors during the winter months.
1144	66018	Very Good	Increasing - moving up	FIT			awareness of exercise and nutrition on health and incentives to get people motivated to become more active in their own healthcare
1081	66013	Good	Not really changing much	FIT			Better exercise programs with evening hours for people who work during day
1357	66061	Average	Increasing - moving up	FIT	FINA		Engaging community in fitness, allowing all fitness centers to be exempted from charging sales tax. Unfair that the Y doesn't have to charge the nearly ten percent sales tax and other area fitness centers do.
1029	66061	Good	Increasing - moving up	FIT	REC		free exercise programs and recreation activities for adolescents to keep them busy and out of trouble. gyms are too expensive and there are no interesting things for them to do.
1084	66030	Very Good	Increasing - moving up	FIT			Health and Fitness

## CHNA 2018 Community Feedback - OMC PSA N=466

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1348	66061	Very Good	Increasing - moving up	FIT	HH		More healthy lifestyle choices. And increase home health resources and payments
1364	66215	Average	Decreasing - slipping downward	FIT	NUTR		OMC has a large campus, it would be nice if there was a walking trail with exercise stations. I think it would also be beneficial to offer weight loss management classes.
1416	66062	Good	Not really changing much	HOUS			More affordable housing
1139	66215	Good	Not really changing much	INSU	EDU	BH	Assistance for those who are underinsured or not insured, community education for how to enroll in healthcare provision programs, increase in mental health services
1148	66062	Very Good	Increasing - moving up	INSU	BH		need to work with homeless/un insured on receiving care and follow-up to prevent hospital admission. Need options for mental health in the community to prevent medical hospital stays.
1004	66052	Average	Not really changing much	IP	BH	FAC	inpatient mental health facilities.
1201	66062	Good	Not really changing much	LGBT			Supporting Gay and Lesbian youth and children
1150		Good	Not really changing much	MAM	BH		Free mammograms for the uninsured. Mental health clinics where you can go at a reduced rate or free.
1155		Very Good	Increasing - moving up	NA			I have a problem with your survey because it is asking me to make an opinion about subjects that I have no knowledge.
1102	66046	Good	Not really changing much	NA			We have most programs already in place.
1365	66213	Average	Decreasing - slipping downward	NUTR	SMOK	BH	Healthy eating, smoke cessation, mental health
1420	66061	Good	Not really changing much	NUTR			Partner with local food banks to help educate their clients on healthy food choices as well as educate the food banks on stocking healthy food choices and helping them to do that 12 months of the year
1131	66072	Average	Decreasing - slipping downward	NUTR	DRUG		weight loss, healthy eating, drug screening/prevention
1164	66217	Very Good	Increasing - moving up	OBES			collective (city, education, health department, health care system) focus on obesity
1158	66217	Good	Increasing - moving up	OBES			Obesity needs to be addressed all across the country.
1329	66213	Very Good	Increasing - moving up	OBES			Obesity prevention. It should be a huge community effort starting with employers and schools.
1187	66083	Good	Not really changing much	OBES			Partner with parks and rec for obesity prevention. Don't forget about the smaller towns like Spring Hill and Gardner.
1030		Average	Increasing - moving up	OP			Expanding outpatient services, especially outpatient surgery, PT and imaging needs.
1289	66018	Poor	Decreasing - slipping downward	OTHR			Dr in De Soto
1145	66061	Good	Increasing - moving up	OTHR			Emphasis on personal responsibility and accountability
1428	66061	Poor	Not really changing much	OTHR			Health literacy in different languages
1282	66030	Good	Increasing - moving up	OTHR			How about a health fair with optical, dental, wellness, nutrition, etc for the community?
1149	66061	Good	Increasing - moving up	OTHR			parenting classes
1439		Good	Not really changing much	OTHR			Provide midwives at more hospitals.
1223	66212	Average	Not really changing much	OTHR			Social service programs and sponsorships-- Catholic Charities, WIC, Family supports
1116		Good	Increasing - moving up	PEDS			Pediatrics
1220	66030	Very Good	Increasing - moving up	PEDS			We need more robust pediatric care in our network, with the community growing at a rapid rate we are missing an opportunity to take care of our own kids
1297	66062	Poor	Decreasing - slipping downward	POV			Better community center access to low income families! A discount or scholarship program needs to be offered to low income families. I love that there is a senior discount but those that are disabled and low income deserve the ability to have access to the community center as well!
1249	66021	Poor	Not really changing much	PREV			Community center that has preventive programs for the public at a greatly reduced cost.
1438	66062	Good	Not really changing much	PREV	EDU	EYE	Mobile services for healthcare delivery including optical services and preventive medicine such as immunizations. Schools are potential partners.
1205	66061	Good	Increasing - moving up	PREV	ENDO		Preventive medicine and Hormone Replacement
1143	66216	Average	Decreasing - slipping downward	PRIM	ALT		Alternative healthcare PCP who is available to work w the traditional medical staff at Olathe Health
1020	66030	Good	Increasing - moving up	PSY			Psych
1319	66062	Very Good	Increasing - moving up	PSY	WAIT	INSU	We have a huge need for a psychiatric hospital. Those patients have to be put on a list to go to osawatamie. It is too hard to get insurance or state coverage for mental illness.
1276	and KAN	Poor	Decreasing - slipping downward	QUAL			Just friggin CARE! DON'T LIE!!! People are dying because of lies!!!!!! And you can't bring back our dead loved ones, you son's of .....

### CHNA 2018 Community Feedback - OMC PSA N=466

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs? Can we partner somehow with others?
1034	66083	Average	Not really changing much	SPEC			Olathe should develop some of their own services rather than bringing in Children's Mercy and KC Bone and Joint
1410	66215	Very Good	Increasing - moving up	SUIC			Suicide & Bullying Education & Improvement Plans
1328	66062	Average	Not really changing much	SUIC	OBES		Suicide and Obesity
1071	66062	Average	Increasing - moving up	SUIC	AGE		Suicide prevention Elder services/options for aging Deaf community
1418	66061	Very Good	Increasing - moving up	SUIC	BH	OBES	Suicide prevention Mental health care for the homeless Obesity prevention
1159	66217	Good	Not really changing much	SUIC			Suicide prevention regarding kids thru high school
1052	66062	Average	Not really changing much	SUIC			Suicide prevention with schools
1072	66062	Good	Increasing - moving up	SUIC	AGE		Suicide prevention/education Senior accessibility/options for aging Deaf community
1370	66061	Very Good	Increasing - moving up	SUIC	COLLAB		The hot topic right now is Suicide, especially in youth. There needs to be a partnership with schools, pediatricians office's etc. to create a safe place for kids to go when being bullied or struggling with any issues that could result in suicide.
1311	66083	Average	Not really changing much	SUIC			We need more training and more community help with suicide prevention. With teaching teens not to harm themselves or others. We need to teach teens this is only temporary this is not permant life will get better. We need to stop the bullying. We need actual training parents and kids about bullying and stop thinking kids will be kids or they are just teasing. We need to start teaching respect for ourselves and others. OMC could be a huge help in this.
1374	66221	Very Good	Increasing - moving up	WELL			Bone health program, Dietary wellness, posture wellness, fascial tissue wellness
1447	66030	Good	Not really changing much	WELL			Have educational training sessions brought to the people where they live and congregate.
1455	66202	Average	Decreasing - slipping downward	WELL			Integrated health care programs - incorporating community-based programs with health care providers to address social determinants of health.
1203	66218	Very Good	Increasing - moving up	WELL			Mobile health screenings, active family programs.
1222	66062	Good	Not really changing much	WELL			Peer support programs

## KEY - CHNA Open End Comments

C	Topic	C	Topic	C	Topic
ALLER	Allergy/Immunology	CHIR	Chiropractor	PARK	Parking
AES	Anesthesia/Pain	CHRON	Chronic Diseases	PHAR	Pharmacy
CARD	Cardiology	CLIN	Clinics (Walk-In, etc.)	DOCS	Physicians
DERM	Dermatology	COMM	Communication	FLU	Pneumonia / Flu
EMER	Emergency	CORP	Community Lead Healthcare	FOOT	Podiatrist
ENDO	Endocrinology	CONF	Confidentiality	POD	Podiatrist
FP	Family Practice (General)	DENT	Dentists	POV	Poverty
GAS	Gastroenterology	DIAB	Diabetes	PNEO	Prenatal
SUR	General Surgery	DIAL	Dialysis	PREV	Preventative Healthcare
GER	Gerontology	DUP	Duplication of Services	PRIM	Primary Care:
HEM	Hematology	ECON	Economic Development	PROS	Prostate
IFD	Infectious Diseases	EMER	Emergency Room	DOH	Public Health Department
IM	Internal Medicine	EMS	EMS	QUAL	Quality of care
NEO	Neonatal/Perinatal	EYE	Eye Doctor/Optomestrist	REC	Recreation
NEP	Nephrology	FAC	Facility	RESP	Respiratory Disease
NEU	Neurology	FAM	Family Planning Services	NO	Response "No Changes," etc.
NEUS	Neurosurgery	FEM	Female (OBG)	SANI	Sanitary Facilities
OBG	Obstetrics/Gynecology	FINA	Financial Aid	SNUR	School Nurse
ONC	Oncology/Radiation Onc	FIT	Fitness/Exercise	STD	Sexually Transmitted Diseases
OPHT	Ophthalmology	ALL	General Healthcare Improvement	SMOK	Smoking
ORTH	Orthopedics	GEN	General Practice	SS	Social Services
ENT	Otolaryngology (ENT)	GOV	Government	SPEC	Specialist Physician care
PATA	Pathology	HRT	Heart Care	SPEE	Speech Therapy
PEDS	Pediatrics	HIV	HIV/AIDS	STRK	Stroke
PHY	Physical Medicine/Rehab	HH	Home Health	DRUG	Substance Abuse (Drugs/Rx)
PLAS	Plastic/Reconstructive	HSP	Hospice	SUIC	Suicide
PSY	Psychiatry	HOSP	Hospital	TPRG	Teen Pregnancy
PUL	Pulmonary	MAN	Hospital Management	TEL	Telemedicine
RAD	Radiology	INFD	Infidelity	THY	Thyroid
RHE	Rheumatology	IP	Inpatient Services	TOB	Tobacco Use
SURG	Surgery	LEAD	Lead Exposure	TRAN	Transportation
VAST	Thoracic / CV / Vascular	BIRT	Low Birth Weight	TRAU	Trauma
URL	Urology	LOY	Loyalty	TRAV	Travel
VIO	Abuse/Violence	MAMO	Mammogram	ALCU	Underage Drinking
ACC	Access to Care	MRKT	Marketing	INSU	Uninsured/Underinsured
AGE	Aging (Senior Care	STFF	Medical Staff	URG	Urgent Care/After Hours Clinic
AIR	Air Quality	BH	Mental Health Services	VACC	Vaccinations
ALC	Alcohol	MDLV	Mid-Level	VETS	Veteran Care
ALT	Alternative Medicine	NURSE	More Nurse Availability	WAG	Wages
ALZ	Alzheimer's	NEG	Neglect	WAIT	Wait Times
AMB	Ambulance Service	NH	Nursing Home	H2O	Water Quality
ASLV	Assisted Living	NUTR	Nutrition	WELL	Wellness Education/Health Fair
AUD	Auditory	OBES	Obesity	WIC	WIC Program
BACK	Back/Spine	ORAL	Oral Surgery		
BD	Blood Drive	ORTHOD	Orthodontist		
BRST	Breastfeeding	OTHR	Other		
CANC	Cancer	OP	Outpatient Services/Surgeries		
CHEM	Chemotherapy	OZON	Ozone		
KID	Child Care	PAIN	Pain Management		

Let Your Voice Be Heard!

In 2012 and 2015, Olathe Medical Center (OMC) surveyed the community to assess health needs. Today, OMC requests your input in order to create a 2018-19 Johnson County (KS) Community Health Needs Assessment (CHNA). To gather current feedback, a short online survey has been created to evaluate current community health needs.

While your participation is voluntary and confidential, all community input is valued. Thank you for your attention! Deadline to participate is Friday, September 28, 2018.

1. In your opinion, how would you rate the "Overall Quality" of healthcare delivery in our community?

- Very Poor  Poor  Average  Good  Very Good

2. When considering "overall community health quality", is it ...

- Increasing - moving up  Decreasing - slipping downward  
 Not really changing much

Why? (please specify)

3. Past Community Health Needs Assessments (CHNA's) review area health resources, patient access to care, health-related factors (i.e. smoking, eating and drinking habits etc), social determinants of health, health care utilization, area health status (i.e. mortality, mental health, chronic disease rates etc.), and community economics & demographics.

In your opinion, are there any healthcare services or delivery issues that you feel need to be improved, worked on and/or changed? (Please be specific.)

4. In your own words, what is the general community perception of healthcare providers (i.e. hospitals, doctors, public health, etc.) serving our community? (Be specific)

5. From past CHNAs, a number of health needs were identified as priorities. Are any of these an ongoing problem for our community? Please select all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Affordable Health Care Insurance  | <input type="checkbox"/> Mental Health Access             |
| <input type="checkbox"/> Alcohol Abuse                     | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Bilingual Healthcare Services     | <input type="checkbox"/> Personal Health Management       |
| <input type="checkbox"/> Chronic Health                    | <input type="checkbox"/> Primary Care Access              |
| <input type="checkbox"/> Drug / Substance Abuse            | <input type="checkbox"/> Senior Activities                |
| <input type="checkbox"/> Fitness / Exercise options        | <input type="checkbox"/> Wellness / Prevention            |
| <input type="checkbox"/> Healthcare Transportation         |   |

6. Which past CHNA need is NOW the "most pressing" for improvement? Please Select Top Three.

- |  |   |
|--|---|
| <input type="checkbox"/> Affordable Health Care Insurance  | <input type="checkbox"/> Mental Health Access             |
| <input type="checkbox"/> Alcohol Abuse                     | <input type="checkbox"/> Nutrition - Healthy Food options |
| <input type="checkbox"/> Awareness of existing HC services | <input type="checkbox"/> Obesity                          |
| <input type="checkbox"/> Bilingual Healthcare Services     | <input type="checkbox"/> Personal Health Management       |
| <input type="checkbox"/> Chronic Health                    | <input type="checkbox"/> Primary Care Access              |
| <input type="checkbox"/> Drug / Substance Abuse            | <input type="checkbox"/> Senior Activities                |
| <input type="checkbox"/> Fitness / Exercise options        | <input type="checkbox"/> Wellness / Prevention            |
| <input type="checkbox"/> Healthcare Transportation         |   |

7. In your opinion, what are the root causes of "poor health" in our community? Please Select Top Three.

- |   |  |
|---|--|
| <input type="checkbox"/> Lack of health & wellness education        | <input type="checkbox"/> Elder assistance programs   |
| <input type="checkbox"/> Chronic disease prevention                 | <input type="checkbox"/> Family assistance programs  |
| <input type="checkbox"/> Limited access to mental health assistance | <input type="checkbox"/> Lack of awareness of existing local programs, providers, and services |
| <input type="checkbox"/> Case management assistance                 |  |

Other (please specify)

8. How would our community area residents rate each of the following health services?

	Very Good	Good	Fair	Poor	Very Poor
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chiropractors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Doctor/Optomtrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



9. How would our community area residents rate each of the following health services? Con't

	Very Good	Good	Fair	Poor	Very Poor
Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk- In Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Community Health Readiness is vital. How would you rate each of the following?

	Very Good	Good	Fair	Poor	Very Poor
Caregiver Training Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Development Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and Nutrition Services/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to secure Grants / Finances to Support Local Health Initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Screenings (such as asthma, hearing, vision, scoliosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunization Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity Prevention & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer Screenings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Community Health Readiness is vital. How would you rate each of the following? Con't

	Very Good	Good	Fair	Poor	Very Poor
Spiritual Health Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prenatal / Child Health Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Transmitted Disease Testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Treatment & Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco Prevention & Cessation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Wellness Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC Nutrition Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 2 years, did you or someone you know receive healthcare services outside of our community?

- Yes
- I don't know
- No

If YES, please specify the healthcare services received.

13. Are our healthcare organizations, providers and stakeholders actively working together to address community health?

- Yes
- I don't know
- No

Please explain

14. What "new" community health programs should be created to meet current community health needs?  
Can we partner somehow with others?

15. What barriers to healthcare do you feel patients face in accessing cancer care?

- Poor socio-economic status / Lack of financial and social support
- Limited resources
- Transportation
- Medical debt concerns for the insured
- Education

Other (please specify)

16. Which would be the best venue to help people learn more about cancer?

- Churches
- Libraries
- Clinics
- Public Schools
- Community Colleges
- Supermarkets
- Workplaces
- Community Events

Other (please specify)

17. Patient navigation and access leading to quality cancer care delivery are critically important. What are your opinions on the following cancer services delivery statements?

	Yes	No
Our community has appropriate access to "Cancer Specialists"	<input type="radio"/>	<input type="radio"/>
Our community has adequate prevention and early detection cancer services (i.e. genetic counseling and cancer risk assessments, mammograms, skin cancer screenings)	<input type="radio"/>	<input type="radio"/>
Our community has appropriate cancer inpatient, outpatient and clinic services	<input type="radio"/>	<input type="radio"/>
Our community has quality end of life (i.e. supportive and palliative care, hospice care, pastoral care) cancer support services	<input type="radio"/>	<input type="radio"/>

18. Are there any other health needs (listed below) that need to be discussed further at our upcoming CHNA Town Hall meeting? (Please select all that apply.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Abuse/Violence                    | <input type="checkbox"/> Mental Illness                | <input type="checkbox"/> Suicide            |
| <input type="checkbox"/> Alcohol                           | <input type="checkbox"/> Nutrition                     | <input type="checkbox"/> Teen Pregnancy     |
| <input type="checkbox"/> Breast Feeding Friendly Workplace | <input type="checkbox"/> Obesity                       | <input type="checkbox"/> Tobacco Use        |
| <input type="checkbox"/> Cancer                            | <input type="checkbox"/> Ozone                         | <input type="checkbox"/> Vaccinations       |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Physical Exercise             | <input type="checkbox"/> Water Quality      |
| <input type="checkbox"/> Drugs/Substance Abuse             | <input type="checkbox"/> Poverty                       | <input type="checkbox"/> Wellness Education |
| <input type="checkbox"/> Family Planning                   | <input type="checkbox"/> Respiratory Disease           | <input type="checkbox"/> Health Literacy    |
| <input type="checkbox"/> Heart Disease                     | <input type="checkbox"/> Sexually Transmitted Diseases |   |
| <input type="checkbox"/> Lead Exposure                     | <input type="checkbox"/> Smoke-Free Workplace          |   |

Other (please specify)

19. For reporting purposes, are you involved in or are you a .... ? (Please select all that apply.)

- Business / Merchant
- EMS / Emergency
- Other Health Professional
- Community Board Member
- Farmer / Rancher
- Parent / Caregiver
- Case Manager / Discharge Planner
- Hospital / Health Dept
- Pharmacy / Clinic
- Clergy
- Housing / Builder
- Media (Paper/TV/Radio)
- College / University
- Insurance
- Senior Care
- Consumer Advocate
- Labor
- Teacher / School Admin
- Dentist / Eye Doctor / Chiropractor
- Law Enforcement
- Veteran
- Elected Official - City/County
- Mental Health

Other (please specify)



20. What is your home ZIP code? Please enter 5-digit ZIP code; for example 00544 or 95305



## Report Contacts:

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VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy; Research and Business Development services. We partner with clients. Plan the Work; Work the Plan