



Community  
HealthCare System

NE Kansas

# 2022 Community Health Needs Assessment and Action Plan



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## Executive Summary



The 2010 Affordable Care Act stipulated that all tax-exempt hospitals must complete a Community Health Needs Assessment, or CHNA, every three years. Community HealthCare System previously conducted CHNAs and issued reports in 2013, 2016, and 2019.

In 2013, mental health, wellness, and prevention were identified as priorities. In 2016, the report emphasized combatting heart disease and diabetes through nutrition and physical activity. The 2019 assessment identified three priorities: mental health; cardiovascular health (heart disease and stroke prevention); and exercise, nutrition, and weight management.

Survey data collected in 2021 indicate that mental health is by far the most pressing priority. Access to health care and obesity rounded out the top three concerns. The COVID-19 pandemic significantly disrupted the health and lives of many people in 2020 and 2021, so our survey invited individuals to rate and comment on COVID-19 response. More than half rated their community's response as either good or very good, and many people provided additional comments.

The rest of this report details additional results and builds on previous CHNAs to describe how Community HealthCare System will strive to meet the needs of our communities as we continue to fight the pandemic. This assessment was received by the CHCS Medical Staff on February 9, 2022. The CHCS Board of Directors approved this assessment on February 25, 2022.



### About Community HealthCare System

Community HealthCare System, or CHCS, is an award-winning, nonprofit healthcare system with a tradition of providing compassionate, high-quality care to the rural communities of northeast Kansas. CHCS operates in Pottawatomie, Jackson, Nemaha, and Marshall Counties. CHCS employs more than 450 associates and more than 20 physicians and advanced practitioners who serve seven communities. Our Onaga hospital is the center of operations. Family practice clinics serve the



communities of Centralia, Corning, Frankfort, Onaga, Holton, Westmoreland, and St. Marys, plus the system operates two nursing homes, one assisted living facility, Community HomeHealth, and three fitness centers.

## Methodology



CHCS took into consideration primary and secondary data sources to complete this CHNA. Primary data collection was somewhat limited because of COVID-19. We relied on a survey to collect information from Pottawatomie County residents. The survey was drafted and distributed in collaboration with the Pottawatomie County Health Department and members of the CHCS LiveWell Committee, which includes a member of the CHCS medical staff and representatives from administration and several departments. Secondary data came from Kansas Health Matters<sup>1</sup>, which offers robust data on key health indicators, a social determinants of health dashboard, and many other tools; the U.S. Census<sup>2</sup>; and County Health Rankings from the Robert Wood Johnson Foundation<sup>3</sup>.

## About PT County



Although CHCS serves four counties, the system is based in Pottawatomie County. The county had a total population of 25,348 according to the 2020 census and is one of the few counties in the state with a growing population. The county is highly rural. Demographic data are as follows.<sup>4</sup>

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<sup>1</sup> Source: <https://www.kansashealthmatters.org/>

<sup>2</sup> Source: <https://www.census.gov/quickfacts/fact/table/pottawatomiecountykansas,US>

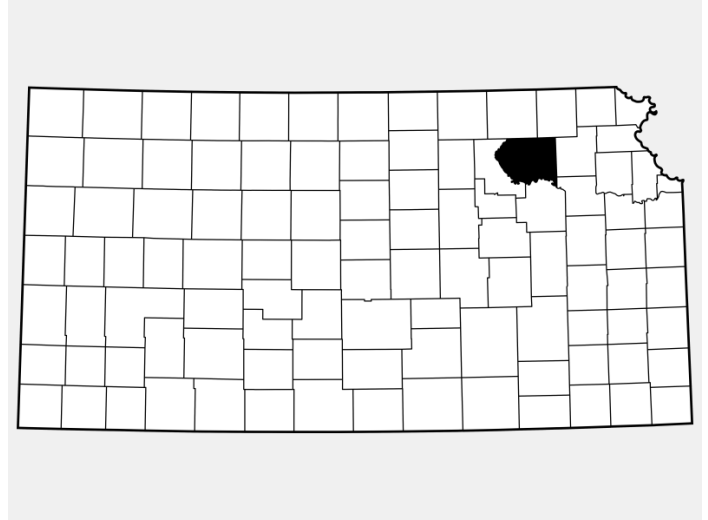
<sup>3</sup> Source:

<https://www.countyhealthrankings.org/app/kansas/2021/rankings/pottawatomie/county/outcomes/overall/snapshot>

<sup>4</sup> Source:

<https://www.kansashealthmatters.org/indicators/index/dashboard?module=indicators&controller=index&action=dashboard&id=131872279519160803&card=0&localeId=1014>

- Age
  - 7.6% of the population is under age 5
  - 29% of the population is under age 18
  - 14.6% of the population is over age 65
  - The population is 50.3% female and 49.7% male
- Race
  - 90% of the population is white (not Hispanic or Latino)
  - 5.1% is Hispanic or Latino
  - 1.2% is black or African American
  - 0.9% is American Indian or Alaska Native
  - 1.0% is Asian
  - 0.1% is Native Hawaiian/other Pacific Islander
  - 2.5% is two or more races
- Education
  - 94.2% of people age 25 or older hold a high school degree or higher
  - 33.8% of people age 25 or older hold a bachelor's degree or higher
- Employment, income, and poverty
  - 63.4% of people age 16 or older are in the civilian labor force
  - Mean travel time to work is 24.5 minutes
  - In 2019, 619 employers in the county employed 9,038 people
  - \$66,835 is the median household income
  - \$29,345 is the per capita income
  - 8.1% of the population lives below poverty level
- Health
  - 9.8% of the population lives with a disability
  - 6.9% of the population under age 65 lives with a disability
  - 8.7% of the population under age 65 is without health insurance
- Housing and broadband
  - 9,973 housing units are available in the county
  - 70.9% of citizens own their home
  - Median housing unit value is \$183,100
  - Median mortgage cost is \$1,469, and median household gross rent is \$854
  - In 2015-19, 93.3% of households had a computer and 85.9% of households had a broadband internet subscription



## Key Health Indicators<sup>5</sup>

Kansas Health Matters provides data on key indicators to address health issues that are most

prevalent throughout Kansas and recommends that these indicators are reviewed in every CHNA. Pottawatomie County is better off than the rest of the state and the nation in four major areas, worse off in three major areas, and has mixed results in one area. Kansas Health Matters data are from 2016-2020; the year of each key indicator is given in parentheses after each item in the list below.



### **Exercise, Nutrition, & Weight: Pottawatomie County is worse off than the rest of the state and the nation.**

- 14.5% of adults do enough physical activity to meet both the aerobic and strengthening exercise recommendations. This is lower than the overall value for Kansas (19.0%) and for the U.S. (20.3%), but the trend is increasing slightly. (2017)
- 36.2% of adults are overweight. This is higher than Kansas (34.8%) and U.S. (35.3%) values, but the trend is decreasing slightly. (2017)

### **Immunizations & Infectious Diseases: Pottawatomie County is better off than the rest of the state.**

- 59.3% of adults ages 65 and older were immunized against influenza during the past 12 months (note this is 2017 data). This is better than the Kansas value of 56% but lower than the U.S. value of 60.3%. (2017)
- 89.2% of infants were fully immunized at 24 months in 2017-18. This is better than the Kansas value of 71.1% and is substantially higher than the previous measurement (73.4%). (2017-18)
- The sexually transmitted disease rate of 3.0 cases per 1,000 population is lower than the Kansas value of 7.1 but is a significant increase in the prior value of 2.6. (2020)

### **Maternal, Fetal, & Infant Health: Pottawatomie County is better off than the rest of the state and the nation.**

- The infant mortality rate of 5.5 deaths per 1,000 live births is lower than the Kansas value of 6.0 and the U.S. value of 5.9. (2016-2020)
- The percentage of births where the mother smoked during pregnancy was 5.4%, which is lower than the Kansas value of 8.7% and the U.S. value of 6.9%. The trend is decreasing significantly. (2018-2020)

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<sup>5</sup> Source:

<https://www.kansashealthmatters.org/indicators/index/dashboard?module=indicators&controller=index&action=dashboard&id=83016910809925962&card=0&localeId=1014>.

- 4.5% of births were low birth weight, which was lower than the Kansas value of 7.4% and the U.S. value of 8.3%. (2018-2020)

**Mortality Data: Pottawatomie is better off than the state and the nation in overall mortality, suicide, and heart disease mortality but worse off in traffic injury mortality.**



- Age-adjusted heart disease mortality rates per 100,000 population is 154.6, which is below the Kansas value of 162 and the U.S. value of 165. (2018-2020)
- Age-adjusted mortality rate per 100,000 population was 671.9, which is lower than the Kansas value of 795.9 and the U.S. value of 733.1. (2018-2020)
- Age-adjusted suicide mortality rate per 100,000 population is 10.5, which is below the Kansas value of 18.5 and the U.S. value of 13.3. (2018-2020)
- Age-adjusted traffic injury mortality rate per 100,000 population is 14.9, which is higher than the Kansas value of 13.6 and the U.S. value of 11.4. (2018-2020)

**Wellness & Lifestyle: Pottawatomie County is worse off than the rest Kansas and the U.S.**

- 20.5% of adults have fair or poor self-perceived health status. This is higher than the Kansas value of 16.7% and the U.S. value of 17.7%. This trend is increasing significantly. (2017)

**Crime & Crime Prevention: Pottawatomie County is better off than the rest of the state and the U.S.**

- The rate of violent crime per 1,000 population is 2.1. This is below the Kansas value of 4.8 and the U.S. value of 3.7. (2020)

**Poverty: Pottawatomie County is better off than the rest of Kansas and the nation.**

- 10.3% of adults were uninsured according to 2019 data. This was under the Kansas value of 12.8% and the U.S. value of 12%. This trend is decreasing significantly over time. (2019)

**Heart Disease & Stroke: Pottawatomie County is worse off than the rest of the state and the U.S.**

- 33.1% of adults had diagnosed hypertension according to 2017 data. This is higher than the Kansas value of 32.8% and the U.S. value of 32.3%. (2017)

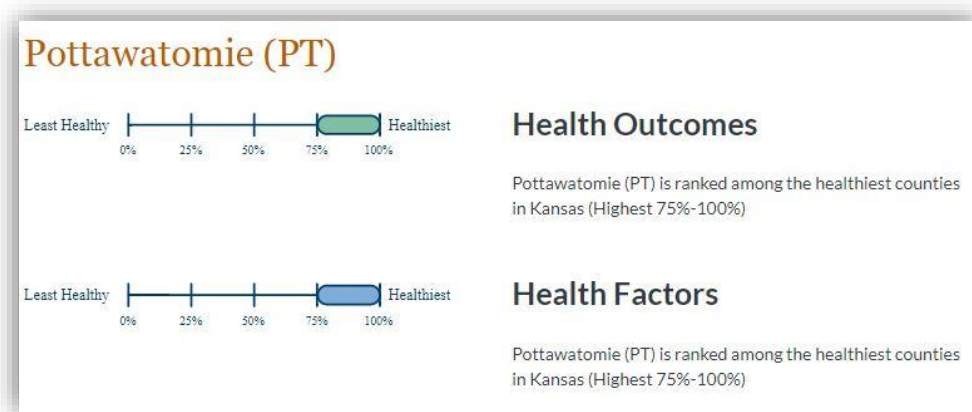
## County Health Rankings

In 2021, the Robert Wood Johnson Foundation ranked Pottawatomie County as number 2 out of 104 Kansas counties (one county did not have sufficient data to be ranked). The only county that outranked Pottawatomie County was Johnson County.<sup>6</sup>

## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



Rankings are divided into Health Outcomes and Health Factors. Health Outcomes include length of life and quality of life. Health Factors include health behaviors, clinical care, social & economic factors, and physical environment. Overall ranking for Health Outcomes for the county is 2. Overall ranking for Health Factors for the county is 4.

### Length of Life

Pottawatomie County performed among the best in the state for years of potential life lost before age 75 per 100,000 population. PT County's figure was 4,700, ranking number 2 in the state. The overall figure in Kansas was 7,100, and the range in Kansas was 4,400-15,500. Note that 2021 rankings include deaths through 2019. 2022 rankings will include COVID-19 deaths in 2020.

### Quality of Life

Pottawatomie County also compares well in quality of life measures, ranking number 3 in the state. The percentage of our population that reports poor or fair health is 14%, with 3.3 poor physical health days and 4.2 poor mental health days out of the last 30 days. The percentage of low-birthweight births is 5%.

<sup>6</sup> Other county rankings in our service area: Nemaha County ranks 5<sup>th</sup>, Jackson County ranks 30<sup>th</sup>, and Marshall County ranks 38<sup>th</sup>



## Health Behaviors

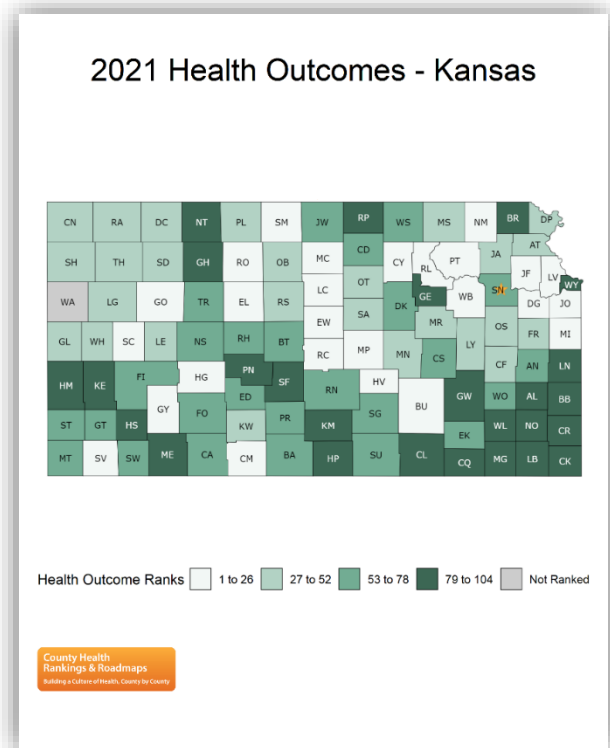
Pottawatomie County is ranked number 4 in Health Behaviors.

- 18% of adults smoke
- 36% of adults are obese
- 26% are physically inactive
- 74% have access to exercise opportunities
- 19% drink excessively

## Clinical Care

Pottawatomie County is ranked number 20 in Clinical Care. We are below national and state benchmarks for the number of primary care physicians and dentists and well below desired benchmarks for mental health providers.

- 7% of the population is uninsured
- There is one primary care physician for every 1,520 people<sup>7</sup>
- There is one dentist for every 4,060 people
- There is one mental health provider for every 3,050 people<sup>8</sup>
- The rate of preventable hospital stays per year (defined as the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees) is 3,556
- 48% of female Medicare enrollees ages 65-74 received an annual mammography screening
- 39% of fee-for-service Medicare enrollees had an annual flu vaccination (using 2018 data)



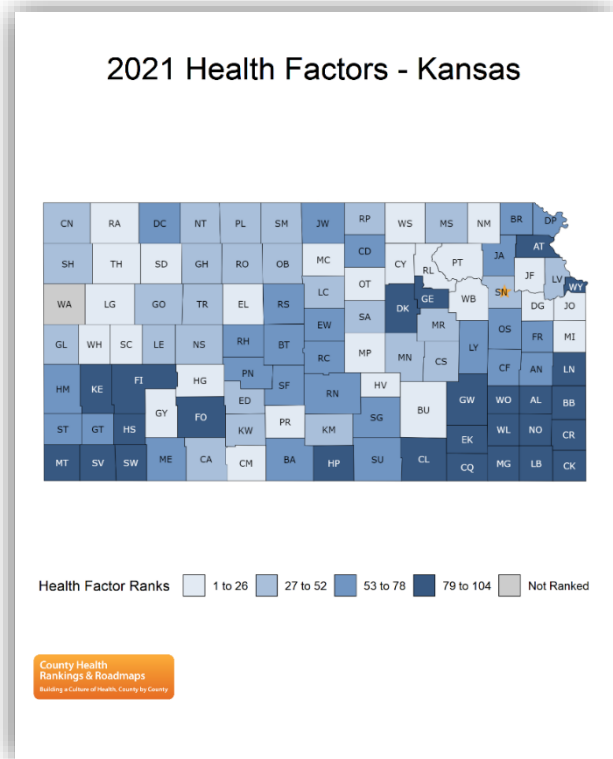
<sup>7</sup> Pottawatomie County is improving, but the top U.S. performers have 1 provider for every 1,030 people, and Kansas averages 1 provider for every 1,280 people. For dentists, the top U.S. performers have 1 dentist for every 1,210 people; in Kansas, we have 1 dentist for every 1,660 people.

<sup>8</sup> Top U.S. performers have 1 mental health provider for every 270 people; Kansas averages 1 for every 490 people.

## Social & Economic Factors

Pottawatomie County is ranked number 6 in Social & Economic Factors. We compare favorably in most categories to state and national benchmarks.

- 94% of the population has completed high school, and 76% has some college
- 2.8% are unemployed
- 9% of children are in poverty
- 11% of children are in single-parent households
- The ratio of household income at the 80<sup>th</sup> percentile to income at the 20<sup>th</sup> percentile is 4.0
- The number of membership associates per 10,000 population is 8.7



### 2021 County Health Rankings for the 104 Ranked Counties in Kansas

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Allen	89	93	Doniphan	34	71	Jackson	30	63	Morris	45	43	Saline	37	45
Anderson	73	69	Douglas	7	2	Jefferson	8	23	Morton	65	80	Scott	18	21
Atchison	51	91	Edwards	67	49	Jewell	54	61	Nemaha	5	14	Sedgwick	71	55
Barber	58	78	Elk	74	102	Johnson	1	1	Neosho	87	94	Seward	62	97
Barton	59	74	Ellis	11	10	Kearny	88	86	Ness	55	35	Shawnee	64	47
Bourbon	90	92	Ellsworth	12	56	Kingman	100	34	Norton	93	32	Sheridan	29	12
Brown	85	76	Finney	70	85	Kiowa	48	30	Osage	32	77	Sherman	47	51
Butler	20	24	Ford	61	88	Labette	91	100	Osborne	33	52	Smith	21	29
Chase	53	50	Franklin	28	62	Lane	50	41	Ottawa	35	18	Stafford	81	60
Chautauqua	95	99	Geary	86	87	Leavenworth	13	44	Pawnee	84	65	Stanton	76	66
Cherokee	102	96	Gove	14	27	Lincoln	26	38	Phillips	46	31	Stevens	19	81
Cheyenne	42	36	Graham	82	40	Linn	92	103	Pottawatomie	2	4	Sumner	66	73
Clark	60	39	Grant	56	70	Logan	40	15	Pratt	69	11	Thomas	49	8
Clay	16	16	Gray	3	26	Lyon	52	53	Rawlins	44	17	Trego	63	48
Cloud	75	68	Greeley	36	28	Marion	27	42	Reno	72	67	Wabaunsee	6	9
Coffey	31	57	Greenwood	103	82	Marshall	38	46	Republic	96	37	Wallace	NR	NR
Comanche	25	7	Hamilton	79	75	McPherson	9	5	Rice	23	54	Washington	68	22
Cowley	94	84	Harper	99	89	Meade	101	64	Riley	4	3	Wichita	43	20
Crawford	83	90	Harvey	22	6	Miami	10	19	Rooks	15	33	Wilson	98	95
Decatur	41	59	Haskell	80	83	Mitchell	17	25	Rush	77	58	Woodson	78	98
Dickinson	57	79	Hodgeman	24	13	Montgomery	97	101	Russell	39	72	Wyandotte	104	104

For more information on how these ranks are calculated visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

## Physical Environment

Pottawatomie Count is ranked number 41 in Physical Environment.

- Average daily density of fine particulate matter in micrograms per cubic meter is 7.3. The Kansas average is 6.7.
- 11% of households have at least 1 of 4 housing problems (overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities)
- 78% of the population drives alone to work, and 29% commute more than 30 minutes.

## Survey and Results



Members of the CHCS LiveWell Committee collaborated with Pottawatomie Public Health to design a 29-question online survey using SurveyMonkey. The survey went live in early October 2021 and was closed November 29. We elected not to pursue in-person small group meetings because of problems presented by COVID-19. Instead, we heavily promoted the electronic survey through the following:

- Newspaper ads in Onaga, Westmoreland, and Wamego/St. Marys
- News release and blog post
- Multiple social media posts
- Flyers with QR codes in clinic registration and waiting areas
- Email to CHCS Patient Portal users
- Email to Pottawatomie County schools
- Email to Chambers of Commerce and handouts at meetings
- CHCS newsletter for associates (E-Connection)



The survey received 257 responses in the nearly two-month period. Given the challenges presented by COVID-19, our committee members felt this was highly successful. In 2019, the CHNA survey received 226 responses.

A full list of questions and responses is available in the Appendix. Note: Answers to free response questions (those with comment boxes) do not export from the survey, but they are accessible at the following link: <https://www.surveymonkey.com/results/SM-TDB3WZWC9/>  
The password required to access the data is CHNA1221!

## Survey data

Survey respondents offered valuable insight into the overall quality of healthcare delivery, individual and community health concerns, and priorities that CHCS should pursue. Some important highlights are below.



- When asked how they would rate the overall quality of healthcare delivery in their community, 35.16% said good, 30.08% said average, and 26.17% said very good. Only 5.86% said poor and 2.73% said very poor.
- When asked about the trend in overall health of their community, 27.34% of respondents indicated overall health is increasing or improving, 29.30% said it was decreasing or declining, and 43.36% said it was not changing much.
- When respondents were asked to identify the three most pressing areas of concern from a list of health issues, the areas most often selected were **Mental Health** (79.53% of respondents selected this area), **Nutrition/healthy food options** (38.58%), and **Awareness of health services** (38.19%). These areas were closely followed by **Obesity** (37.4%), **Access to healthcare** (37.4%), **Exercise/fitness** (34.25%), **Child care** (33.86%), and **Senior care** (33.86%). The next most frequently selected areas were Drug abuse (29.92%) and Cardiovascular Health (29.13%).
- When respondents were asked to identify their top three priorities, they selected **Mental health** (76.8%), **Access to healthcare** (25.20%), and **Obesity** (23.6%).
- When asked to identify the root causes of poor health in their community, the top three responses were **Lack of access to mental health** (55.06%), **Lack of health insurance** (27.65%), and **Lack of health and wellness education** (31.17%).
- Respondents rated their community's response to COVID-19 as:
  - Very good: 18.11%
  - Good: 37.40%
  - Fair: 21.26%
  - Poor: 15.35%
  - Very poor: 7.87%

- The survey asked respondents to rate their community in an array of health services. Full ratings are available in their entirety in the appendix, but the most prevalent rating for each area is below. Available ratings were Very Good, Good, Fair, Poor, and Very Poor.



- Ambulance services: Good, 46.75%
  - Child care: Fair, 42.37%
  - Chiropractors: Good, 33.76%
  - Dentists: Good, 35%
  - Emergency room: Good, 39.02%
  - Eye doctor/optometrist: Good, 46.72%
  - Family planning services: Fair, 40.72%
  - Home health care: Good, 37.13%
  - Hospice/palliative care: Fair, 38.43%
  - Telehealth: Fair, 39.47%
  - Inpatient services: received no rating<sup>9</sup>
  - Mental health services: Fair, 36.64%
  - Nursing home/senior living: Good, 41.39%
  - Outpatient services: Good, 43.55%
  - Pharmacy: Very Good, 51%
  - Primary care: Good, 46.53%
  - Public health: Fair, 39.91%
  - School health: Good, 39.66%
  - Visiting specialists: received no rating<sup>6</sup>
  - Walk-in clinic access: Good, 37.60%
- Another question asked respondents to rate their community in several areas. Full ratings are available in their entirety in the appendix, but the most prevalent rating for each area is below. Available ratings were Very Good, Good, Fair, Poor, and Very Poor.
    - Behavioral/mental health: Fair, 38.84%
    - Emergency preparedness: Good, 36.25%
    - Food and nutrition services/education: Fair, 44.17%
    - Health screenings/education: Fair, 40.57%
    - Prenatal/child health programs: Fair, 34.21%
    - Substance use/prevention: Fair, 40%
    - Suicide prevention: Fair: 37.71%
    - Violence/abuse prevention: Fair, 38.72%
    - Women’s wellness programs: Fair, 39.5%
  - When asked to rate their community’s housing, respondents answered as follows.

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<sup>9</sup> It is unclear why this area received a 0% rating. Although some respondents may not have understood what it meant, it’s unlikely that every respondent would have skipped the area for that reason.



	VERY GOOD	GOOD	FAIR	POOR	VERY POOR	TOTAL
Availability	1.60% 4	20.40% 51	46.40% 116	24.80% 62	6.80% 17	250
Affordability	2.00% 5	14.40% 36	44.40% 111	25.60% 64	13.60% 34	250
Safety	13.71% 34	46.37% 115	33.06% 82	5.65% 14	1.21% 3	248



**Free response questions received a large number of highly varied responses. A few examples follow.** Note that these responses are pasted in as typed by respondents and are uncorrected for spelling, grammar, etc.

When asked why overall community health is increasing, decreasing, or changing, respondents during November 6-15<sup>10</sup> said the following:

*The excellent hospital and staff with outlying clinics and increased staff make every effort to improve patient health and home programs of care.*

*11/15/2021 1:36 PM*

*I feel it is staying the same. Besides the Covid increases and decreases it is pretty fair.*

*11/15/2021 12:14 PM*

*N/A I don't notice a change.*

*11/15/2021 12:12 PM*

*More specialty clinic providers are coming to rural areas to see patients. A lot of facilities are also working closer then ever before with the local health departments.*

*11/15/2021 11:40 AM*

*Population is aging with many health conditions*

*11/15/2021 10:28 AM*

*CHCS is offering more and more services locally.*

*11/15/2021 10:23 AM*

*Complications from covid and side effects of the vaccine have caused many hospitalizations and deaths of our community members.*

*11/12/2021 10:12 PM*

*Largely I believe it to be COVID related. Once everybody gets on board with precautions and vaccinations, I think it will eventually plateau and start to improve.*

*11/11/2021 12:46 PM*

*Pawnee mental health added a office/clinic in Wamego this past year.*

*11/11/2021 11:52 AM*

*Health of the community is not changing as people do not have the ability to purchase healthy food options as they don't have the financial means to do so.*

*11/11/2021 11:52 AM*

<sup>10</sup> This is a randomly chosen 10-day period. Other free responses are available at the survey data link mentioned on page 9.

*Due to the pandemic*

*11/11/2021 10:51 AM*

*I don't think that it's changing much because I haven't heard or seen otherwise.*

*11/9/2021 3:45 PM*

*General, overall health is declining. Mental health in particular, is at critical levels. There is definitely a pandemic of the mind due to local, national and world crisis affecting mental well-being for the majority of the population.*

*11/9/2021 7:46 AM*

*Covid and not enough affordable mental health support*

*11/8/2021 2:05 PM*

*People are more aware of a healthy lifestyle.*

*11/7/2021 4:03 PM*

*COVID 19 and the lack of support for health initiatives*

*11/7/2021 1:50 PM*

*Resources are static - have not been increased so health cannot increase*

*11/7/2021 8:35 AM*

*Stays the same*

*11/7/2021 6:51 AM*

*Public awareness of health safety and the necessary resources needed if sick*

*11/6/2021 8:55 PM*

*More services at Wamego Health Center*

*11/6/2021 7:50 PM*

*For myself I only have to frequent the health care facility very few times a year even though I am continue to age.*

*11/6/2021 9:47 AM*

**When asked what specific healthcare services in their community need to be improved or changed, responses from the same time period were as follows:**

*Mental Health services need to be improved. More classes offered in different communities throughout the CHCS system.*

*11/15/2021 1:56 PM*

*Home health is great, and there are additional clinics to accomodate. I see not improvements to make.*

*11/15/2021 1:36 PM*

*It is good*

*11/15/2021 12:14 PM*

*Continued good communication with constiuants and our HealthCare orginizations. I want people to not be afraid to come to the doctor. I want them to have an open dialoge with their providers.*

*11/15/2021 12:12 PM*

*Continue bringing specialists from surrounding cities to practice in rural areas.*

*11/15/2021 11:40 AM*

*Provide more specialty services locally: cataract surgery, pain management clinic, orthopedic surgery*

*11/15/2021 10:28 AM*

*endocrine, rheumatology. dental for uninsured patients*

*11/15/2021 10:23 AM*

*We need an ER in St. Marys again. The closing of the ER was a huge loss for the community, and has driven many patients to find healthcare, not just ER services, in Topeka or elsewhere.*

*11/12/2021 10:12 PM*

*Emergency after hours services*

*11/11/2021 11:54 PM*

*I feel public outreach can always improve. Finding ways to keep the community informed at a level they understand, believe and accept can be very challenging though.*

*11/11/2021 12:46 PM*

Services for the poor, medical and dental as well as mental health care.  
 11/11/2021 11:52 AM  
 Availability of mental health services.  
 11/11/2021 11:52 AM  
 Need for more specialized services.  
 11/9/2021 4:11 PM  
 Covid testing in my community that is easier to get - such as drive-thru rapid testing.  
 11/9/2021 3:45 PM  
 Mental health services.  
 11/9/2021 7:46 AM  
 Mental Healthcare  
 11/8/2021 2:05 PM  
 Information about services seem not to be readily available. It takes personal responsibility to seek out information.  
 11/7/2021 4:03 PM  
 Education  
 11/7/2021 1:50 PM  
 Mental Health Services and access to affordable healthcare  
 11/7/2021 8:35 AM  
 All  
 11/7/2021 6:51 AM  
 Increase in Mental health services available for kids and teens that are struggling and seeking help  
 11/6/2021 8:55 PM  
 Dermatology  
 11/6/2021 7:50 PM  
 being able to reach your provider without so many personal questions and time. If you need to speak to your provider you don't get very helpful information or consideration  
 11/6/2021 4:29 PM  
 I am satisfied with the health care as it is.  
 11/6/2021 9:47 AM

**When asked to explain ratings of community response to COVID-19, respondents from November 6-15<sup>11</sup> provided the following:**

Community didn't appear to take it as serious as it was/is. Businesses didn't shut down unless staff had Covid19, which put the entire community at risk. The people who own the local cafe own the grocery store as well. No precautions appear to be taken in regards to cleaning of grocery carts or wiping down of shelving, fridge door, etc  
 11/15/2021 1:56 PM  
 I believe the community healthcare are striving to encourage all persons to abide with mandates and yet individuals are doing their own thing.  
 11/15/2021 1:36 PM  
 It is very good  
 11/15/2021 12:14 PM  
 I think living in a rural area you are automatically limited by just by location and population. Where there are limitations in some areas there are benefits in others. Mental health awareness and treatment options are of upmost concern. There is a HUGE lacking in available services.  
 11/15/2021 12:12 PM

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<sup>11</sup> This is a randomly chosen 10-day period. Other free responses are available at the survey data link mentioned on page 9.

*I think the local hospitals and health depts. have done a good job of communicating with local communities and providing care when possible.*

*11/15/2021 11:40 AM*

*I feel the community responded well by doing what they needed to do. The community has hesitation with getting the vaccine with due cause.*

*11/15/2021 10:49 AM*

*Inconsistent enforcement of regulations due to individuals and businesses interpreting guidelines differently*

*11/15/2021 10:28 AM*

*Vaccines and treatments are both available.*

*11/15/2021 10:24 AM*

*Allowing businesses and schools to make their own decisions regarding mask mandates has not resulted in significant increased cases so seems to have been the appropriate response.*

*11/15/2021 10:23 AM*

*They won't get vaccinated and complain about wearing masks.*

*11/11/2021 11:54 PM*

*I feel the hospital involvement has been good and clear in their actions which really helps when people are asked to change their routines often without really understanding why. Also it seems local business have done a good job advocating the various mandates.*

*11/11/2021 12:46 PM*

*The health department worked to get vaccines out but the number vaccinated is still low. We need more encouragement to get vaccinated by churches, businesses etc.*

*11/11/2021 11:52 AM*

*CHCS has kept up with the evolving changes. I think the information could be communicated to the community in different avenues i.e. other avenues besides social media*

*11/11/2021 11:52 AM*

*Healthcare centers have been providing vaccine clinics etc. to try to address the pandemic*

*11/11/2021 10:51 AM*

*None.*

*11/9/2021 4:11 PM*

*I feel that the county health department made it unnecessarily difficult for certain groups to get vaccinated, and I would have appreciated a mask mandate when covid was so bad in 2020.*

*11/9/2021 3:45 PM*

*Leadership in local government failed our community. Personal politics was prioritized over health, science and common sense. Established protocols that were developed over decades were discarded for simply punitive reasons.*

*11/9/2021 7:46 AM*

*Not obeying mask mandates*

*11/8/2021 2:05 PM*

*Information was slow, how to register for vaccinations was not well issued, word of mouth about where and when to go seemed to be the normal. I personally sought my own avenue to vaccines because the county was not forthcoming.*

*11/7/2021 4:03 PM*

*Not mandating masks. The school's "test to stay" program- people are tested in the morning and sent back to school to wait for the diagnosis....placing hundreds of students and staff in danger.*

*11/7/2021 1:50 PM*

*Area hospitals with available testing and treatments*

*11/7/2021 8:35 AM*

*Not too pushy & realistic*

*11/7/2021 6:51 AM*

*Resources have been made available to the community if needed, awareness is provided as well as support*

*11/6/2021 8:55 PM*

*County Commissioners lack of serious mitigation efforts. Community's response to schools' efforts to mitigate Covid-19.*

*11/6/2021 7:50 PM*

*I was informed and able to get vaccinated in a timely manner*  
11/6/2021 9:47 AM

**Respondents from the same period provided the answers below when asked about their worries or concerns about the effects of COVID-19 in their community:**



*Closing down of small businesses, the lack of assistance for the elderly and disabled.*

11/15/2021 1:56 PM

*Worries are the risk that Covid numbers continue to increase and the hospitals will be over full once again.*

11/15/2021 1:36 PM

*None*

11/15/2021 12:14 PM

*Limited. I think the media and the fear mongering of Covid-19 have greatly affected peoples care. I honestly believe if the HealthCare organizations approached this from a CAREGIVER stand point the treatment would improve and the mortality rate would have declined. The fear associated with Covid-19 has caused people to question their health care. Caused undo anxiety associated even with a runny nose. We need to promote open dialogue and quit the fear factor.*

11/15/2021 12:12 PM

*My biggest worry in regards to COVID is with education. Students have not had normal education for 2 years now, and it shows.*

11/15/2021 11:40 AM

*I don't have any.*

11/15/2021 10:49 AM

*Ignoring the severity of COVID-19 and denying it exists as a potential threat to the well-being of the citizens*

11/15/2021 10:28 AM

*Lingering mental health and economic issues.*

11/15/2021 10:24 AM

*patients not seeking routine health care due to fears of COVID*

11/15/2021 10:23 AM

*The potential of losing a large portion of healthcare staff due to the CMS mandate will cripple this community's ability to provide healthcare.*

11/12/2021 10:12 PM

*That I will be infected by the unvaccinated*

11/11/2021 11:54 PM

*The spread of the disease considering the geriatric population in the community.*

11/11/2021 12:46 PM

*I worry about another surfer due to not enough vaccinated.*

11/11/2021 11:52 AM

*Concerns with vaccine mandates*

11/11/2021 11:52 AM

*Educating the public and the division of the community regarding the need for vaccines*

11/11/2021 10:51 AM

*None.*

11/9/2021 4:11 PM

*I worry that since we are in a very conservative county, that most people don't take covid seriously enough, to the detriment to those that do.*

11/9/2021 3:45 PM



*The system has been stressed. The individuals in leadership of this system have proven to be absolutely ineffectual.*

*11/9/2021 7:46 AM*

*Immunocompromised and elderly*

*11/8/2021 2:05 PM*

*Divisiveness*

*11/7/2021 4:03 PM*

*That it will never go away because too many don't believe in the science of the vaccination and wearing masks.*

*11/7/2021 1:50 PM*

*Economy fall out*

*11/7/2021 8:35 AM*

*None*

*11/7/2021 6:51 AM*

*None*

*11/6/2021 8:55 PM*

*Lack of support from community to vaccinate and/or wear masks*

*11/6/2021 7:50 PM*

*individual not getting vaccinated or taking it seriously. schools response and not taking it seriously*

*11/6/2021 4:29 PM*

*people that are not getting vaccinated and not observing social distancing and wearing of a mask*

*11/6/2021 9:47 AM*

## About survey respondents

Respondents came from a number of ZIP codes, but the highest number of responses came from 66547 (27.67%), 66521 (22.53%), and 66535 (13.44%).

Other important characteristics of survey respondents are as follows.

- Age range was 21-71 or older. 25.59% were age 31-40, and 23.23% were age 41-50.
- Respondents were 90.63% white and 76.68% female.
- Respondents were well educated, with 30.20% holding a graduate or professional degree, 29.80% holding a bachelor's degree, and 15.69% holding an associate's degree or having gone to trade school.
- Respondent incomes were fairly high, with 26.36% earning more than \$100,000, 12.13% earning \$80,001 to \$100,000, and 16.74% earning \$60,001 to \$80,000.
- 90.87% of respondents own their home, and 70.08% are employed full-time.
- 88.14% of respondents reported that they use no tobacco products.
- 33.59% of respondents said either they or someone they know has had thoughts of suicide
- 85.04% of respondents reported that they get regular health checkups, and 52.55% reported that they exercise regularly



- 80.47% reported that they or someone in their household received healthcare services outside the county in the past two years

## **Survey data limitations**

Our survey provided important data that CHCS can use to guide discussions of community needs, available services, outreach and education efforts, and more. Like any survey, however, it has some limitations that should be kept in mind as we interpret the data. Our survey respondents were predominately female, had fairly high incomes, and tended to be full-time employed and homeowners; most respondents were also more highly educated than the county population as a whole. Although we made an effort to publicize our survey among those who visited our clinics and the broader population through a number of channels, the electronic method of distribution and lack of in-person outreach because of the pandemic probably resulted in a higher response rate among individuals with greater access to broadband internet, computers, and smartphones.

CHCS cares for a variety of patients from every walk of life, and we know that many of our patients have low incomes or fixed incomes. Our associates strive to care for the underserved in our communities. As we view survey results, we will strive to consider those who may not have had the opportunity to express their opinion or who may not have felt comfortable doing so.

Secondary data from Kansas Health Matters and the Robert Wood Johnson Foundation also have limitations, particularly because of the time lag between gathering and reporting demographic data.

## **How secondary data and survey data intersect**

Comparing the secondary data from Kansas Health Matters and the Robert Wood Johnson Foundation County Health Rankings with information from our survey reveals both consistencies and inconsistencies that help shed light on how CHCS can help communities become healthier. Examples include the following.

1. According to County Health Rankings, PT County ranks fourth in the state in health behaviors, yet survey respondents identify obesity as a top concern. Kansas Health Matters indicates that only 14.5% of adults do enough physical activity to meet recommendations. Regardless of our county's favorable ranking statewide, obesity is a problem here.
2. Although PT County is ranked second in the County Health Rankings and clearly compares favorably in many areas such as education, unemployment, poverty, and more, we know that a number of people remain who struggle. The southern part of the county contains larger towns and is more prosperous, and CHCS serves the northern part of the county, too, which is much more rural, older, and poorer. It is important for

CHCS to keep the underserved portions of our population in mind when developing community improvement plans.

3. Pottawatomie County's age-adjusted suicide mortality rate per 100,000 population is 10.5, which is below the Kansas value of 18.5 and the U.S. value of 13.3. Despite this, survey respondents identified mental health as the top concern by a wide margin.
4. County Health Rankings show that the county has one mental health provider for every 3,050 people, which is well below the desired number. This is consistent with survey respondents' identification of mental health as the top priority for improvement.
5. County Health Rankings show that the county has below the desired number of primary care physicians and dentists. This is consistent with survey respondents' identification of access to healthcare as a high-priority problem.
6. 83% of survey respondents rated housing affordability as fair, poor, or very poor, and County Health Rankings indicated that 11% of households have at least 1 of 4 housing problems. Pottawatomie County ranked number 41 in physical environment in the County Health Rankings, which is lower than other areas. Housing is clearly a weak area in our county.

## Priorities and Action Plan



### Past efforts

CHNAs from 2013, 2016, and 2019 identified the following priorities.

- 2013: Mental health services; wellness and prevention (obesity, immunizations, and breast health)
- 2016: Combatting heart disease and diabetes through nutrition and physical activity
- 2019: Mental health, cardiovascular health (heart disease & stroke prevention), and exercise, nutrition & weight management)

CHCS has taken a number of actions in the past several years to address these priorities, including the following.

- Established a Cardiac Rehabilitation program, which has now grown to encompass Pulmonary Rehabilitation
- Offered discounts for smoking cessation medications
- Offered CPR and First Aid Training to Onaga High School students and staff
- Established a CHCS Mental Health Task Force to evaluate mental health needs of patients, associates, and the community
- Taken preliminary steps to establishing a mental health program for senior citizens

- Sponsored four associates so they could become Mental Health First Aid instructors and provided support and publicity for their classes, which have been offered in both in-person and virtual formats; both Adult and Youth versions of the class have been offered
- Offered “Prepped and Ready,” a program through Children’s Mercy, at multiple area schools to help parents learn about youth mental health and safety issues
- Provided sponsorships for community events such as the 2020 “Women in Ag” conference highlighting mental health issues for agricultural producers
- Established a Community Garden at Onaga Hospital
- Sponsored a Farmers Market in Onaga
- Participated in monthly Connect Pottawatomie County calls to share information and resources with other organizations
- Established collaborations between the CHCS LiveWell committee and wellness committees/representatives from USD 322 and USD 380, resulting in presentations to graduating senior classes, sharing of information on vaping with students, discussion at regular wellness committee meetings, and more
- Explored grant opportunities for walking/fitness trails
- Offered blood pressure checks in communities
- Shared news releases and social media posts to raise awareness on important health topics

## Refreshed priorities

Evaluation of the survey and other available data leads CHCS to adopt the following priorities in our communities.

### 1. Mental health

Mental health is clearly the most pressing issue in our communities. Isolation and stress associated with the pandemic likely heightened the need for mental health services.

### 2. Awareness of healthcare services / access to healthcare

Although awareness of healthcare services and access to healthcare are different issues, they are related. We need to make sure that people in our county know what is available to them and are able to access care when they need it.

### 3. Obesity and related issues



Obesity, nutrition, access to healthy food, and exercise/fitness are all related. Our communities need continued or renewed education about how to address or prevent obesity.

## Action Plan

As a mission-driven organization that aims to enrich the health and lives of the people we serve, CHCS is accustomed to a high level of involvement in our communities. Three initiatives have helped serve the overall needs of our patients.

1. **Patient-Centered Medical Home:** All eligible CHCS clinics are recognized as Patient-Centered Medical Homes. The NCQA PCMH is a model of primary care that combines teamwork and information technology to improve care, improve the patient experience of care, and reduce costs. Medical homes foster ongoing partnerships between patients and their personal clinicians instead of approaching care as the sum of episodic office visits. Each patient's care is overseen by clinician-led care teams that coordinate treatment across the healthcare system.
2. **Welcome to Medicare Visits:** CHCS offers Welcome to Medicare Visits for those who are eligible. These visits are a one-time appointment for those who are new to Medicare. The visit promotes general health and quality of life and helps prevent disease.
3. **Health Fair:** We held a Health Fair in October 2021 to offer low-cost labs for northeast Kansas citizens. We served approximately 200 people. Those who attended were able to receive a complete blood count, chemistry panel, thyroid screen, cholesterol panel, and hemoglobin A1c for diabetes screening for \$25. A prostate specific antigen, or PSA, test was available for an additional \$10. These tests typically cost several hundred dollars, even with insurance coverage. CHCS gave free snacks and juice as well as informational handouts and small giveaway items to all who attended. Flu shots and COVID-19 vaccines were also available at the Health Fair via Pottawatomie County Public Health.
4. **Flu and COVID-19 vaccines:** CHCS offered flu shots and COVID-19 vaccines to anyone who wished to receive them, regardless of whether they were our patients.
5. **Translation/interpreter services:** Our Holton Clinic serves a higher percentage of Spanish-speaking patients, so we have added an interpreter to our staff. This clinic is in Jackson County, but these services are relevant to Pottawatomie County because the interpreter is available to help Spanish-speaking families who come to the Onaga Hospital Birth Center to deliver babies or receive other services.

In addition to maintaining these programs, CHCS will continue to pursue many of the past efforts listed above. Some of these efforts, such as presentations in schools and participation in school wellness committees, have been suspended because of the COVID-19 pandemic. Neither schools nor healthcare facilities have had the staff or time to devote to these efforts as we have navigated the challenges presented by COVID-19. We are hopeful that the pandemic will wind



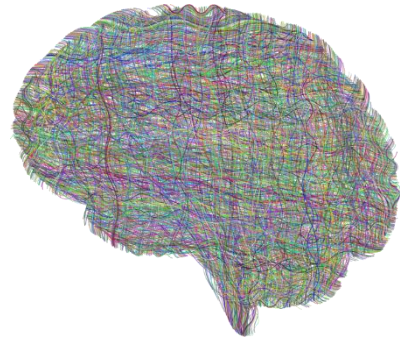
down in 2022 and enable us to resume something approaching more normal operations. We look forward to resuming these activities.

One positive change COVID-19 has brought is enhanced collaboration with Pottawatomie County Public Health, county schools, and other entities such as Emergency Management and the Northeast Kansas Healthcare Coalition. As we have all worked together, we have strengthened relationships that will help us improve the health of our communities in the future.

Specific actions we will take to address each priority area are below.

### **Mental Health**

- We will work with the Health Innovations Network of Kansas to pursue development of the HINK Suicide Prevention and Improvement Network to bring a heightened focus on reducing suicide and expanding access to behavioral healthcare services in northeast and north central Kansas. As a member of the consortium, CHCS has already helped HINK gather data and donated time and resources to the effort, which is supported by a Network Planning Grant through the Federal Office of Rural Health Policy and the Health Resources and Services Administration.
- We will continue to offer and promote Mental Health First Aid training in our communities. Classes taught by certified CHCS instructors help adults learn to help other adults or help youth who are having a mental health crisis.
- The CHCS Mental Health Task Force will continue to pursue offering more mental health services in our system. Efforts are underway to hire an additional counselor and to offer senior behavioral health services.
- The CHCS Mental Health Task Force will continue to seek partnerships and explore resources to offer to associates, providers, patients, and area citizens. After holding “Prepped and Ready” events in spring 2021, for example, we connected parents to resources by promoting the online version of the class when it became available. Further discussions with the presenter, Dr. Shayla Sullivan, made us aware of other programs and resources to consider offering in future to help prevent youth suicide.
- The CHCS LiveWell Committee will collaborate with WorkWell Kansas to find ways to learn more about the mental health of our associates and how we can help address mental health and overall wellness in the workplace.



## Awareness of healthcare services / access to healthcare

- CHCS will continue to seek a robust presence in our communities. We will:
  - Participate in local Chambers of Commerce and seek to sponsor community events
  - Participate in events designed to help people learn about health services (one example is an annual senior health fair sponsored by the Wamego Senior Center/Area Agency on Aging)
  - Provide educational presentations to the Onaga Senior Center and others as requested on health topics
  - Continue to provide educational pieces and social media posts about health services and/or health awareness topics such as cancer screenings, wellness visits, healthy eating and physical activity, immunizations, and more
  - Ensure that CHCS is adequately communicating available services via a variety of channels to our communities
- To help with access to healthcare, we will:
  - Offer an annual Health Fair with low-cost labs; as COVID-19 conditions allow, we will seek to add more health information and safety information from county, area, and state partners to the event
  - Offer free sports physicals to area middle and high school students
  - Continue to offer translation services to non-native English speakers whenever possible
  - Work with the Kansas Hospital Association to promote legislative actions on the state level that will help more Kansans have access to healthcare
  - Work with the Kansas Hospital Association and directly with members of Congress and their staffs to advocate for survival of the 340B program
  - Provide educational presentations to the Onaga Senior Center and others as requested on insurance issues such as selection of the best Medicare plan option and how to find resources to help with that process
  - Maintain an up-to-date list of community resources on our website (to view the list, visit [www.chcsks.org/patients-families](http://www.chcsks.org/patients-families) and click Community Resources)
  - Help community members answer questions on Marketplace Health Insurance
  - Continue to do our best to provide care for all who come to us with a need



## Obesity and related issues

- We will continue to seek opportunities to help our communities learn about obesity and make lifestyle changes to reduce obesity and the health problems that come with it.
- We will support efforts in rural communities to maintain rural grocery stores and prevent food deserts
- We will renew efforts to seek grants for a fitness trail in Onaga
- We will renew collaborations with schools on wellness as COVID-19 subsides
- We will evaluate how to provide more community programs/education/resources in this area as COVID-19 subsides



## Appendix

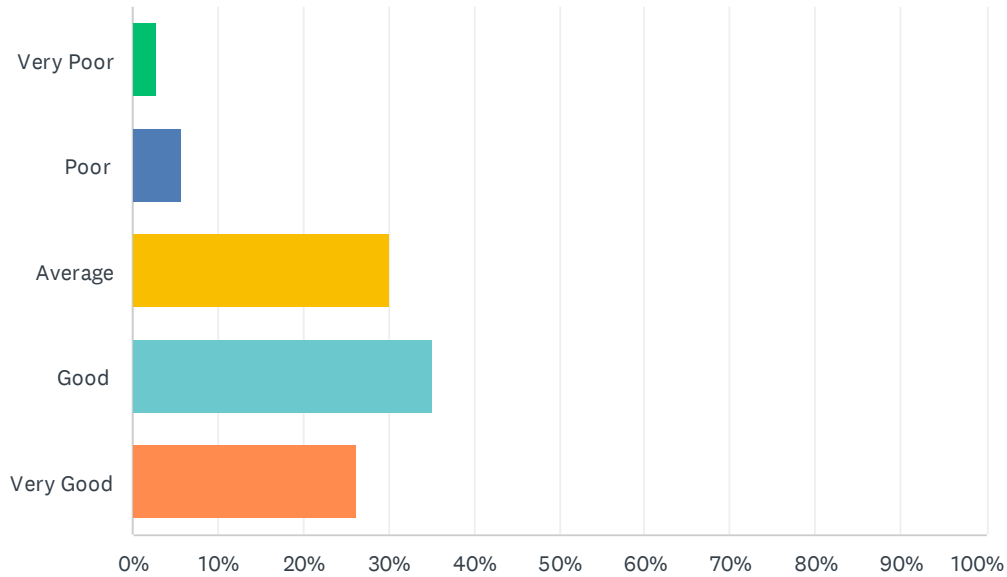


Full survey results are appended here. Answers to free response questions (those with comment boxes) do not export from the survey, but they are accessible at the following link: <https://www.surveymonkey.com/results/SM-TDB3WZWC9/> The password required to access the data is CHNA1221!

Questions about the Community Health Needs Assessment can be directed to the CHCS Communications Director at [info@chcsks.org](mailto:info@chcsks.org) or 785-889-5133.

# Q1 How would you rate the overall quality of healthcare delivery in your community?

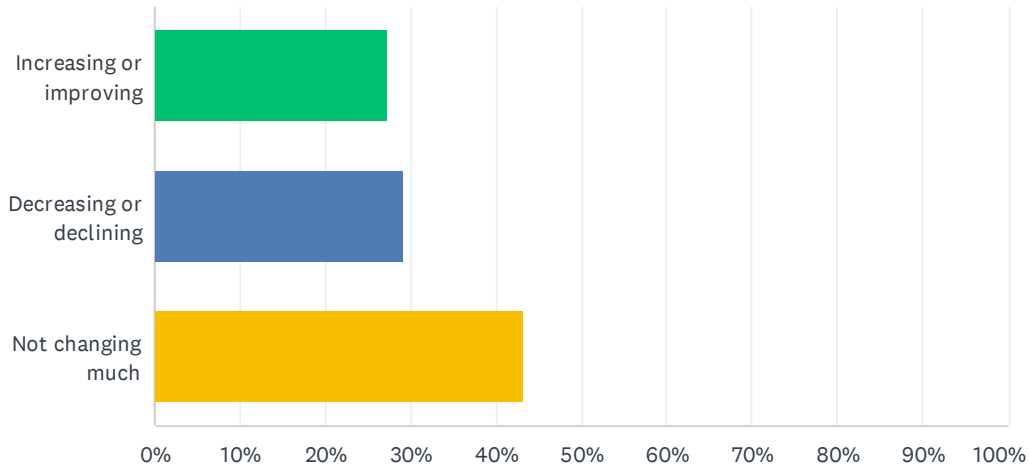
Answered: 256 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very Poor	2.73%	7
Poor	5.86%	15
Average	30.08%	77
Good	35.16%	90
Very Good	26.17%	67
<b>TOTAL</b>		<b>256</b>

## Q2 When you consider the overall health of your community, is it increasing, decreasing, or not changing much?

Answered: 256 Skipped: 1



ANSWER CHOICES	RESPONSES	
Increasing or improving	27.34%	70
Decreasing or declining	29.30%	75
Not changing much	43.36%	111
TOTAL		256



**Q3 Why is it increasing, decreasing or changing? Please explain your answer.**

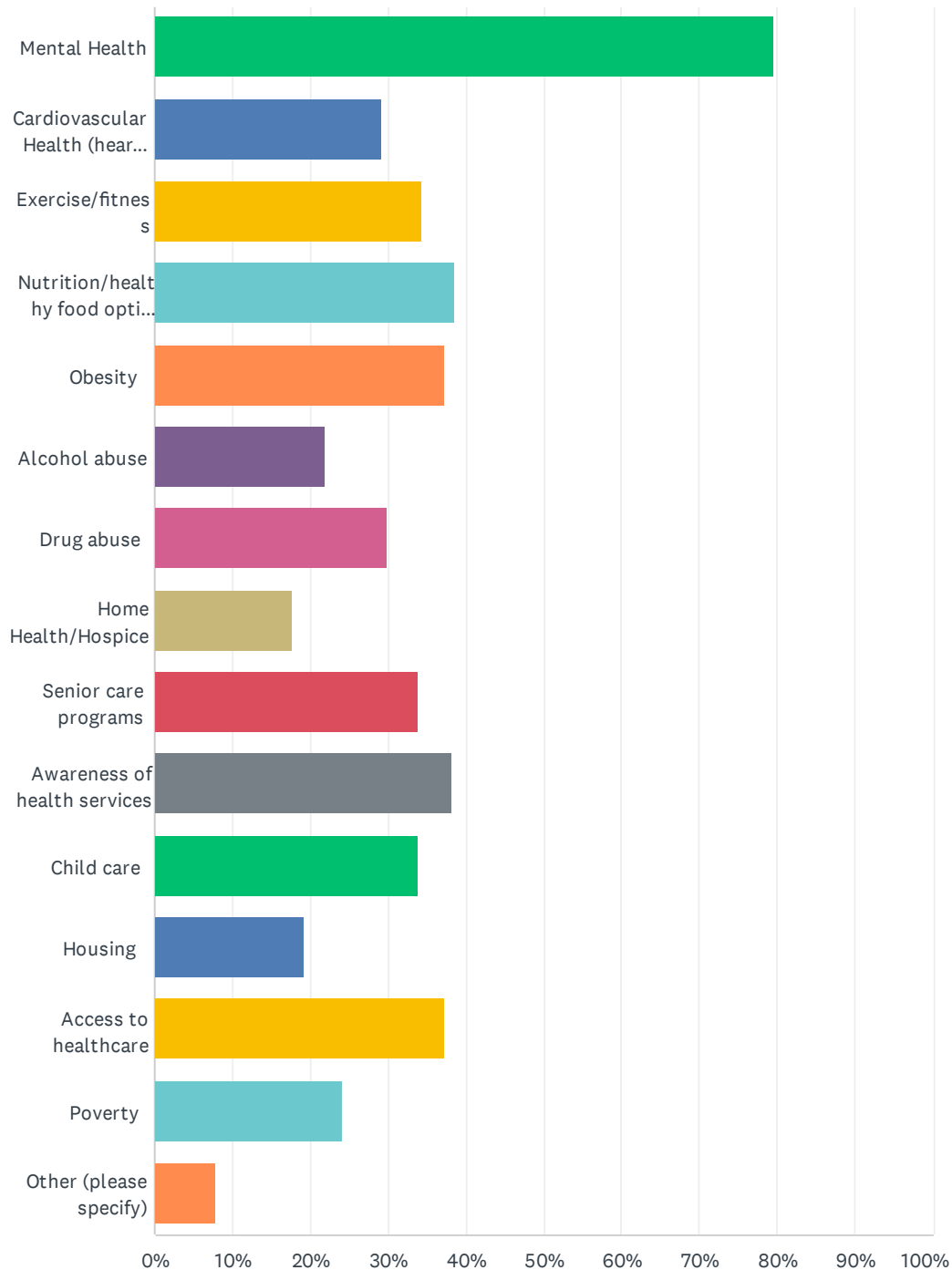
Answered: 207 Skipped: 50

**Q4 What healthcare services in your community need to be improved or changed? Please be specific.**

Answered: 212 Skipped: 45

Q5 Previous Community Health Needs Assessments identified the most pressing areas of concern. What do you think are the most pressing concerns now? Please select all that apply.

Answered: 254 Skipped: 3

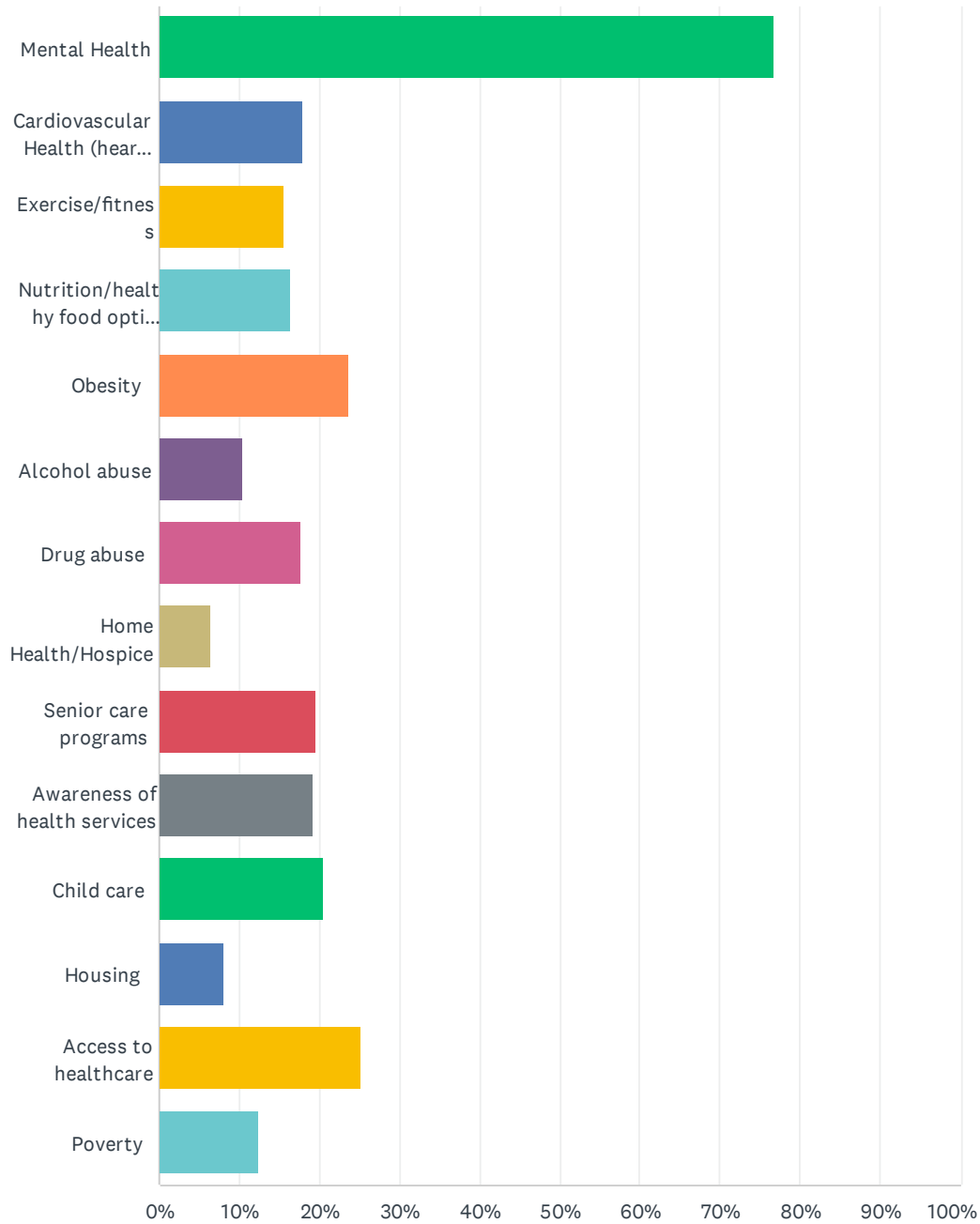


## Community Health Needs Assessment

ANSWER CHOICES	RESPONSES	
Mental Health	79.53%	202
Cardiovascular Health (heart disease and stroke prevention)	29.13%	74
Exercise/fitness	34.25%	87
Nutrition/healthy food options	38.58%	98
Obesity	37.40%	95
Alcohol abuse	22.05%	56
Drug abuse	29.92%	76
Home Health/Hospice	17.72%	45
Senior care programs	33.86%	86
Awareness of health services	38.19%	97
Child care	33.86%	86
Housing	19.29%	49
Access to healthcare	37.40%	95
Poverty	24.02%	61
Other (please specify)	7.87%	20
Total Respondents: 254		

### Q6 Of the health needs identified in the previous question, what are the top three most pressing priorities? Please select three.

Answered: 250 Skipped: 7



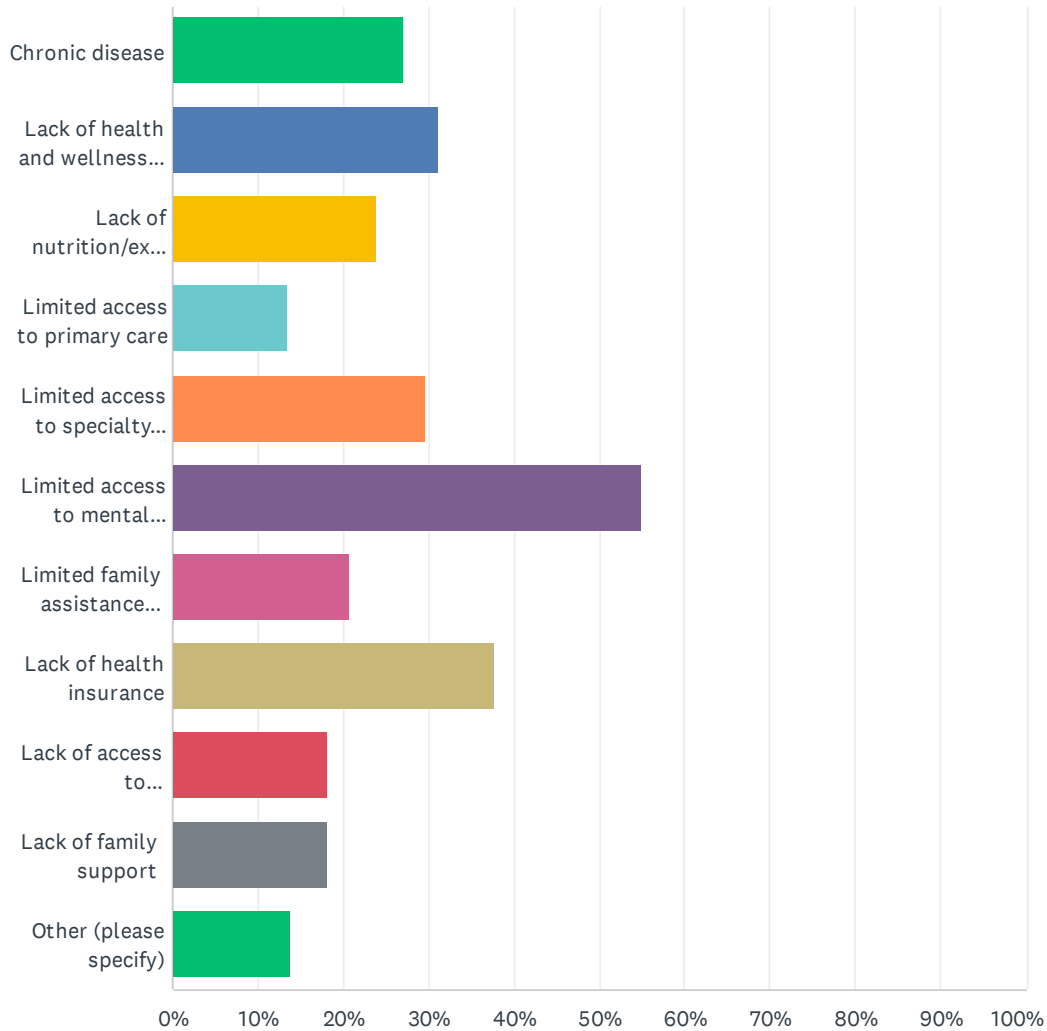
## Community Health Needs Assessment

ANSWER CHOICES	RESPONSES	
Mental Health	76.80%	192
Cardiovascular Health (heart disease and stroke prevention)	18.00%	45
Exercise/fitness	15.60%	39
Nutrition/healthy food options	16.40%	41
Obesity	23.60%	59
Alcohol abuse	10.40%	26
Drug abuse	17.60%	44
Home Health/Hospice	6.40%	16
Senior care programs	19.60%	49
Awareness of health services	19.20%	48
Child care	20.40%	51
Housing	8.00%	20
Access to healthcare	25.20%	63
Poverty	12.40%	31
Total Respondents: 250		



### Q7 What are the root causes of poor health in your community? Please select the top three.

Answered: 247 Skipped: 10

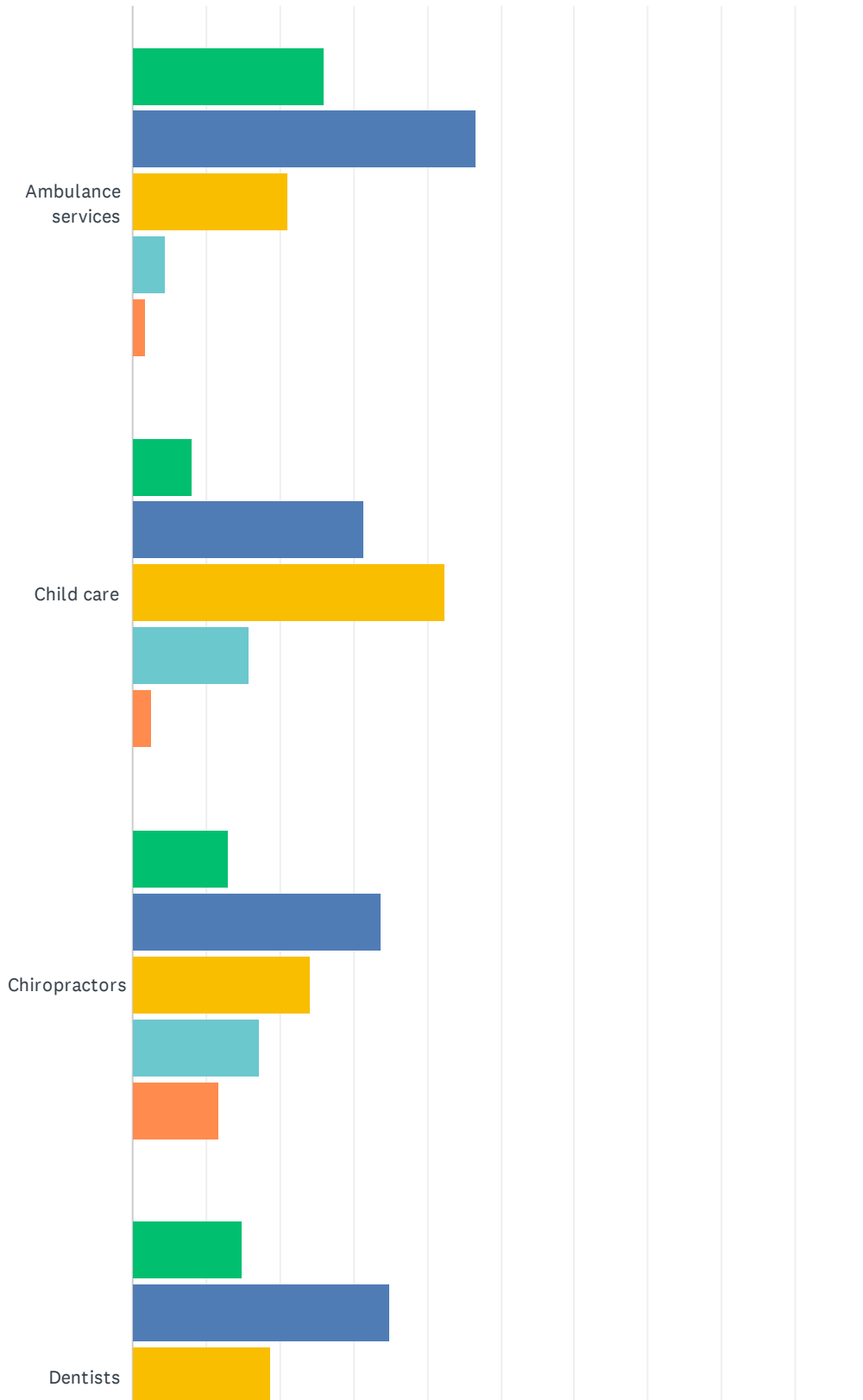


## Community Health Needs Assessment

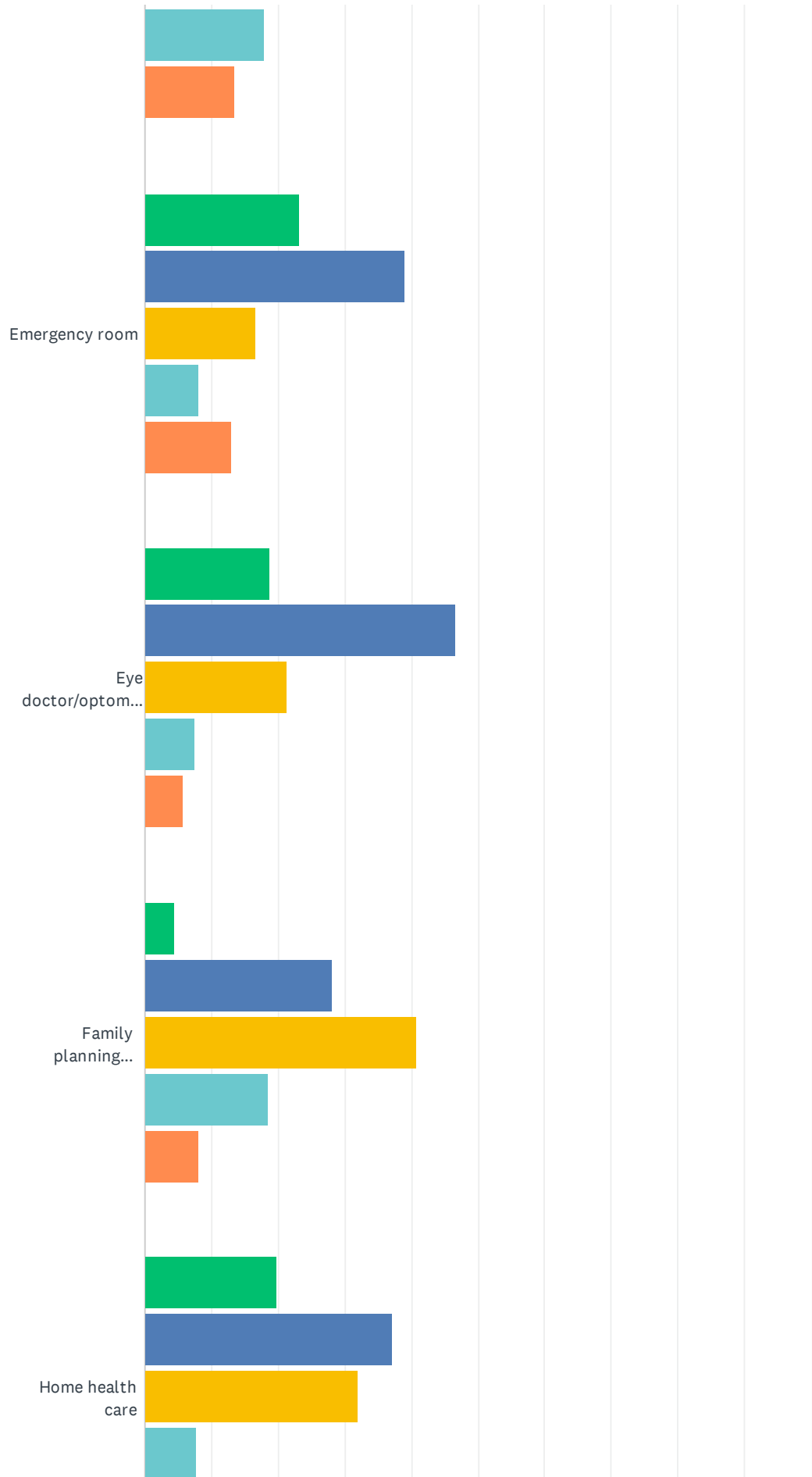
ANSWER CHOICES	RESPONSES	
Chronic disease	27.13%	67
Lack of health and wellness education	31.17%	77
Lack of nutrition/exercise services	23.89%	59
Limited access to primary care	13.36%	33
Limited access to specialty care	29.55%	73
Limited access to mental health	55.06%	136
Limited family assistance programs	20.65%	51
Lack of health insurance	37.65%	93
Lack of access to transportation	18.22%	45
Lack of family support	18.22%	45
Other (please specify)	13.77%	34
<b>Total Respondents: 247</b>		

# Q8 How would you rate your community in each of the following health services?

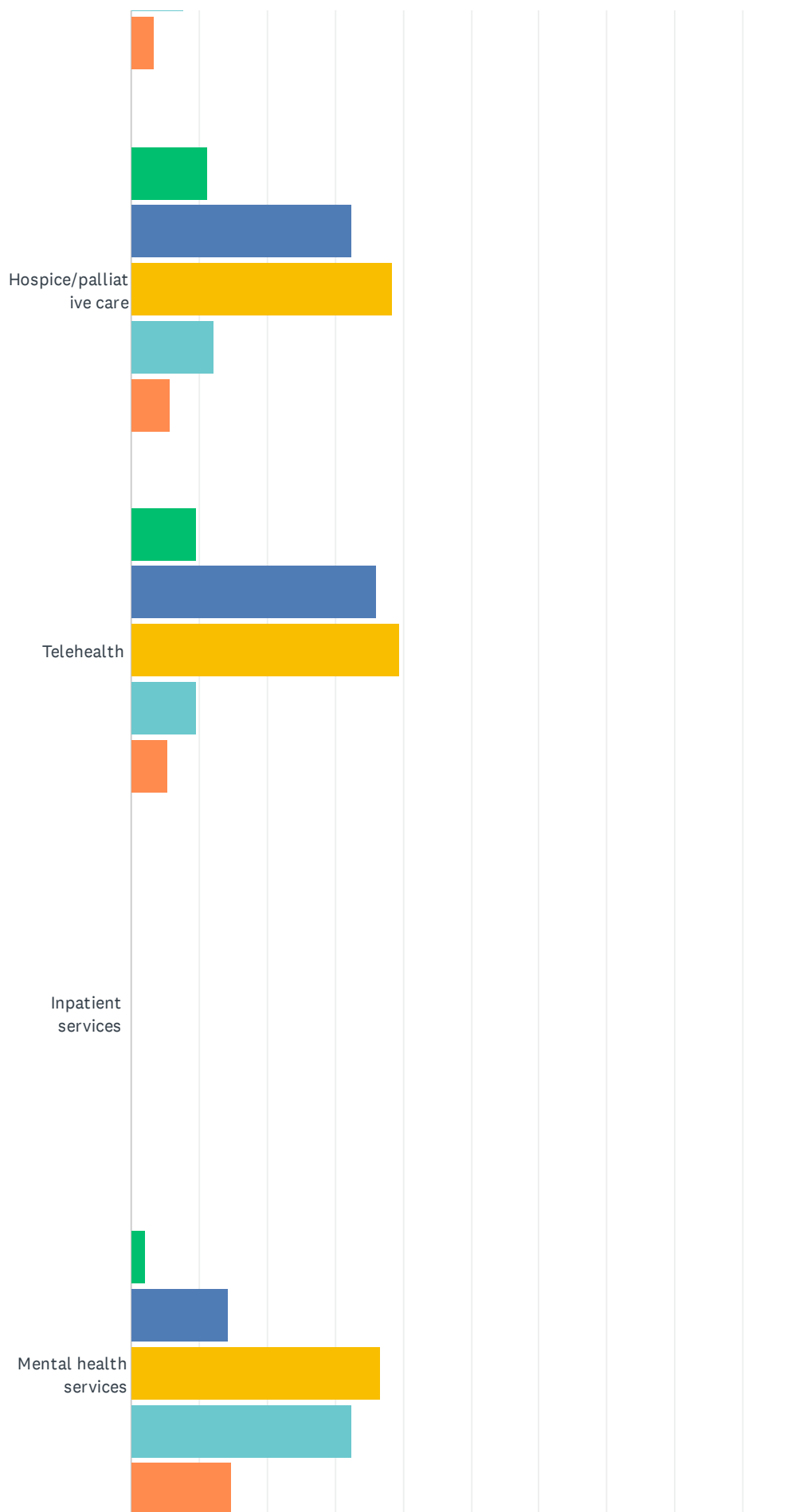
Answered: 253 Skipped: 4



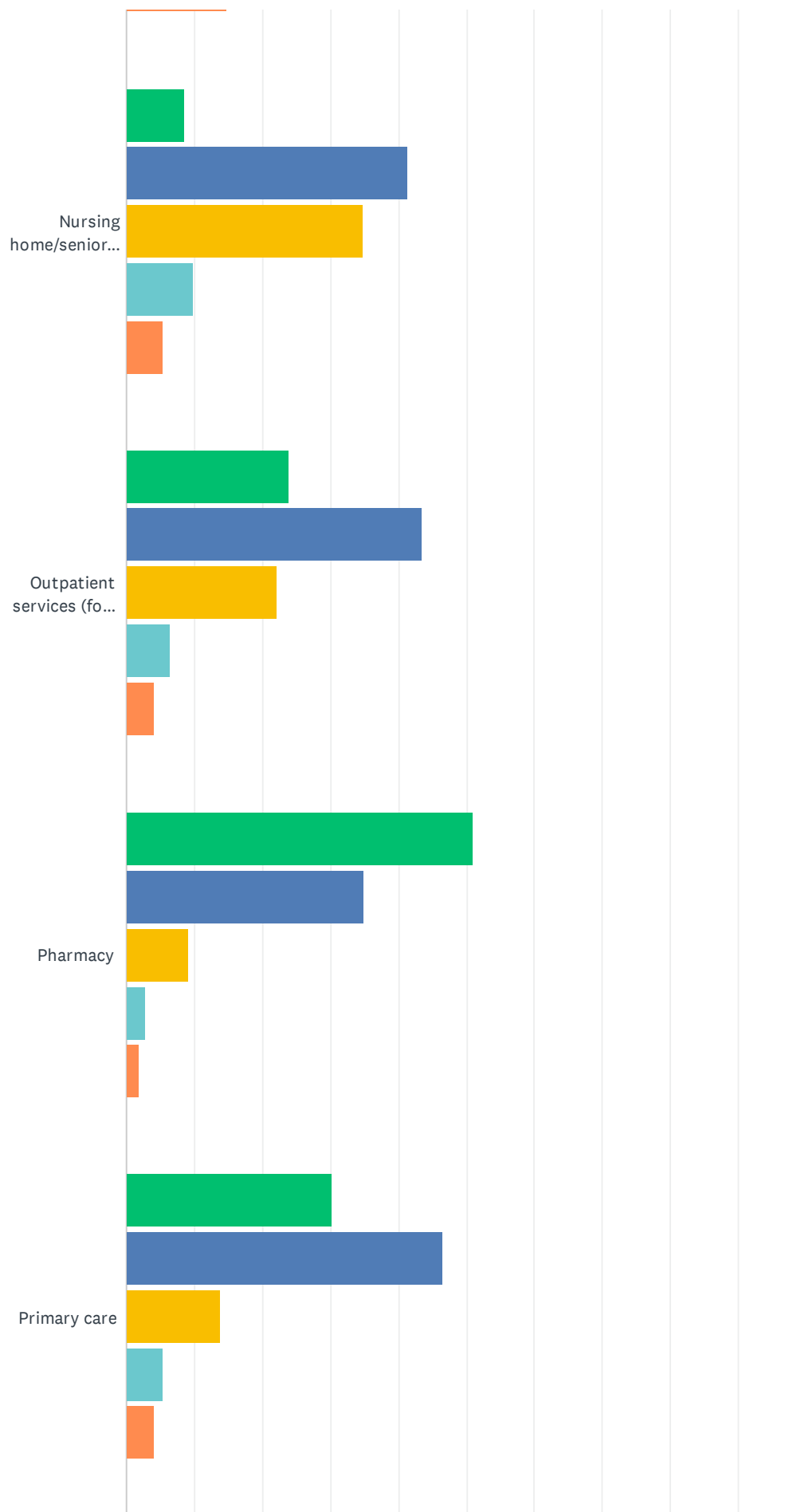
# Community Health Needs Assessment



# Community Health Needs Assessment

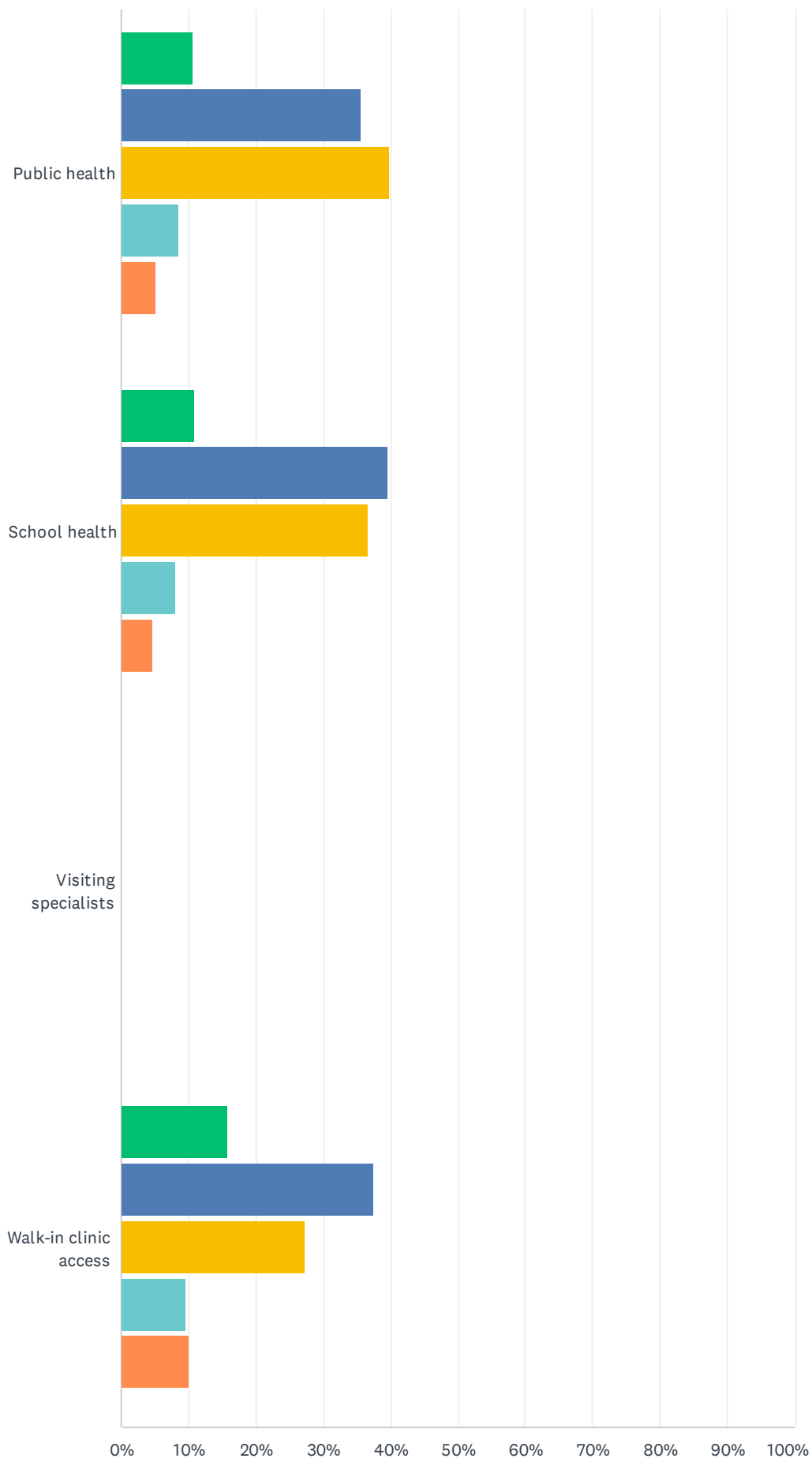


# Community Health Needs Assessment

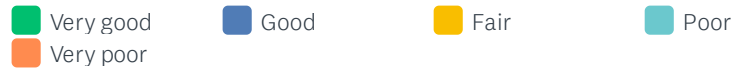




# Community Health Needs Assessment



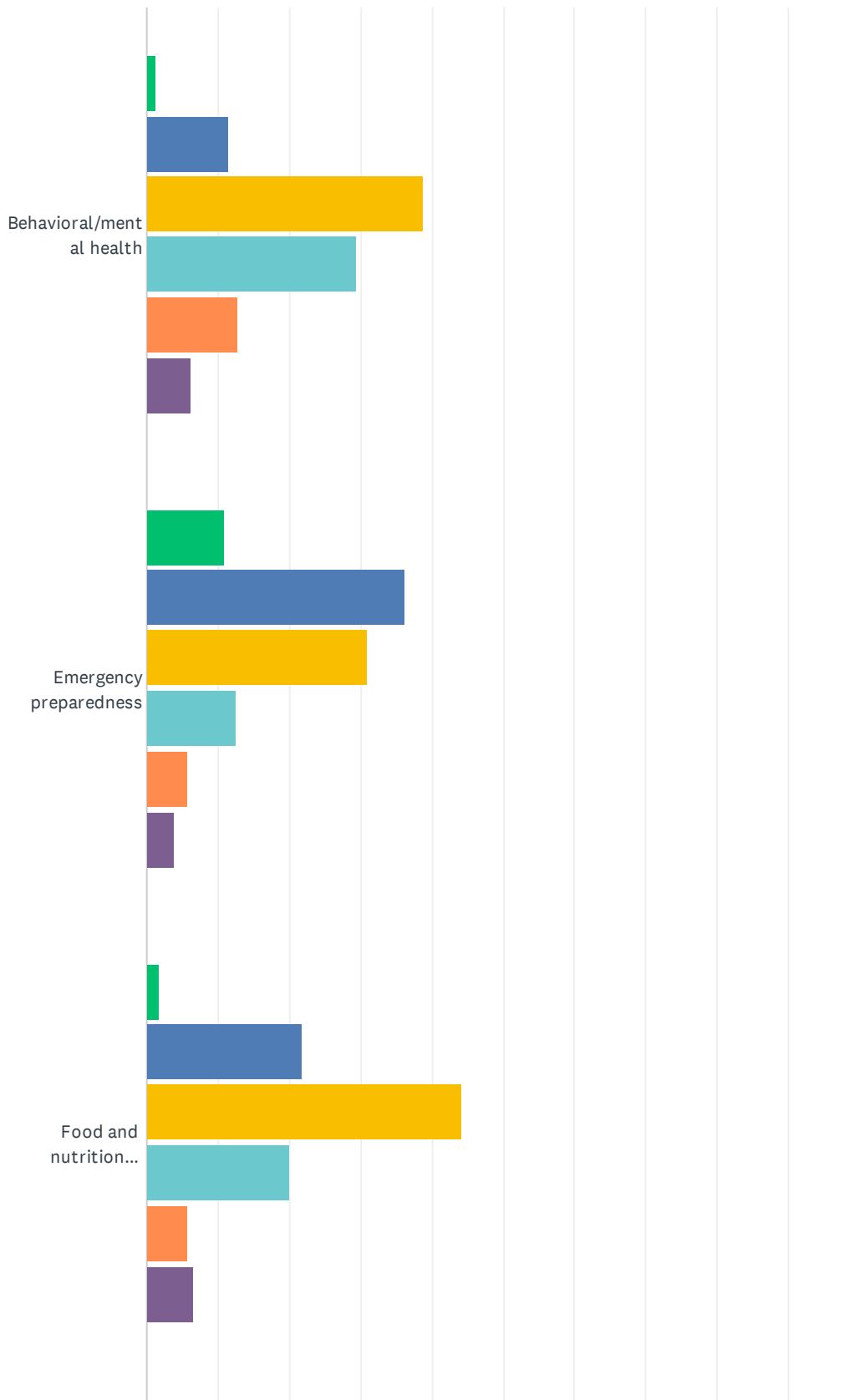
## Community Health Needs Assessment



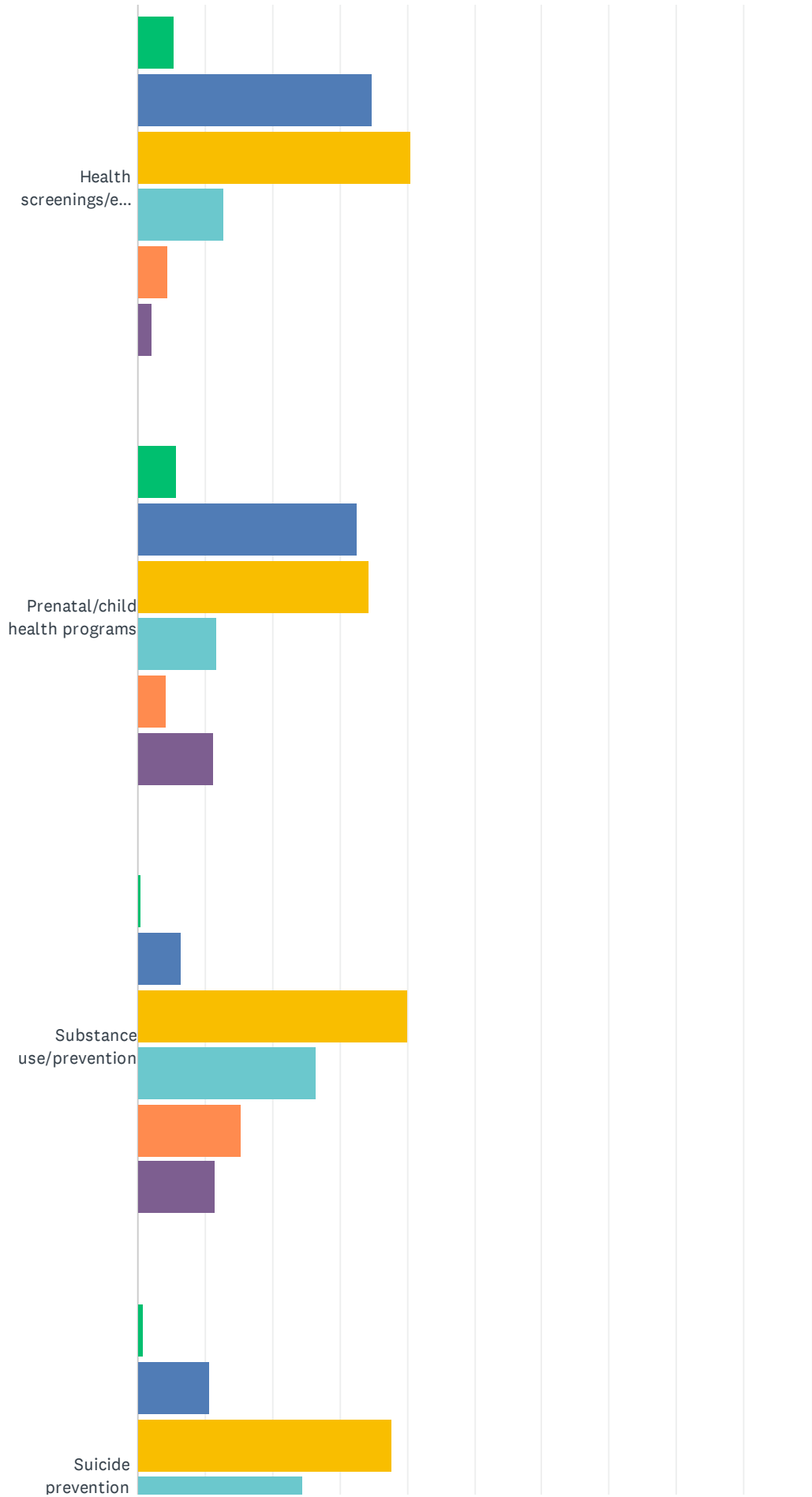
	VERY GOOD	GOOD	FAIR	POOR	VERY POOR	TOTAL	WEIGHTED AVERAGE
Ambulance services	26.02% 64	46.75% 115	21.14% 52	4.47% 11	1.63% 4	246	2.09
Child care	8.05% 19	31.36% 74	42.37% 100	15.68% 37	2.54% 6	236	2.73
Chiropractors	13.08% 31	33.76% 80	24.05% 57	17.30% 41	11.81% 28	237	2.81
Dentists	15.00% 36	35.00% 84	18.75% 45	17.92% 43	13.33% 32	240	2.80
Emergency room	23.17% 57	39.02% 96	16.67% 41	8.13% 20	13.01% 32	246	2.49
Eye doctor/optometrist	18.85% 46	46.72% 114	21.31% 52	7.38% 18	5.74% 14	244	2.34
Family planning services	4.52% 10	28.05% 62	40.72% 90	18.55% 41	8.14% 18	221	2.98
Home health care	19.83% 47	37.13% 88	32.07% 76	7.59% 18	3.38% 8	237	2.38
Hospice/palliative care	11.35% 26	32.31% 74	38.43% 88	12.23% 28	5.68% 13	229	2.69
Telehealth	9.65% 22	35.96% 82	39.47% 90	9.65% 22	5.26% 12	228	2.65
Inpatient services	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Mental health services	2.16% 5	14.22% 33	36.64% 85	32.33% 75	14.66% 34	232	3.43
Nursing home/senior living	8.61% 21	41.39% 101	34.84% 85	9.84% 24	5.33% 13	244	2.62
Outpatient services (for example: lab, x-ray, physical therapy)	23.79% 59	43.55% 108	22.18% 55	6.45% 16	4.03% 10	248	2.23
Pharmacy	51.00% 128	35.06% 88	9.16% 23	2.79% 7	1.99% 5	251	1.70
Primary care	30.20% 74	46.53% 114	13.88% 34	5.31% 13	4.08% 10	245	2.07
Public health	10.73% 25	35.62% 83	39.91% 93	8.58% 20	5.15% 12	233	2.62
School health	10.78% 25	39.66% 92	36.64% 85	8.19% 19	4.74% 11	232	2.56
Visiting specialists	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0	0.00
Walk-in clinic access	15.70% 38	37.60% 91	27.27% 66	9.50% 23	9.92% 24	242	2.60

### Q9 How would you rate the your community in each of the following areas?

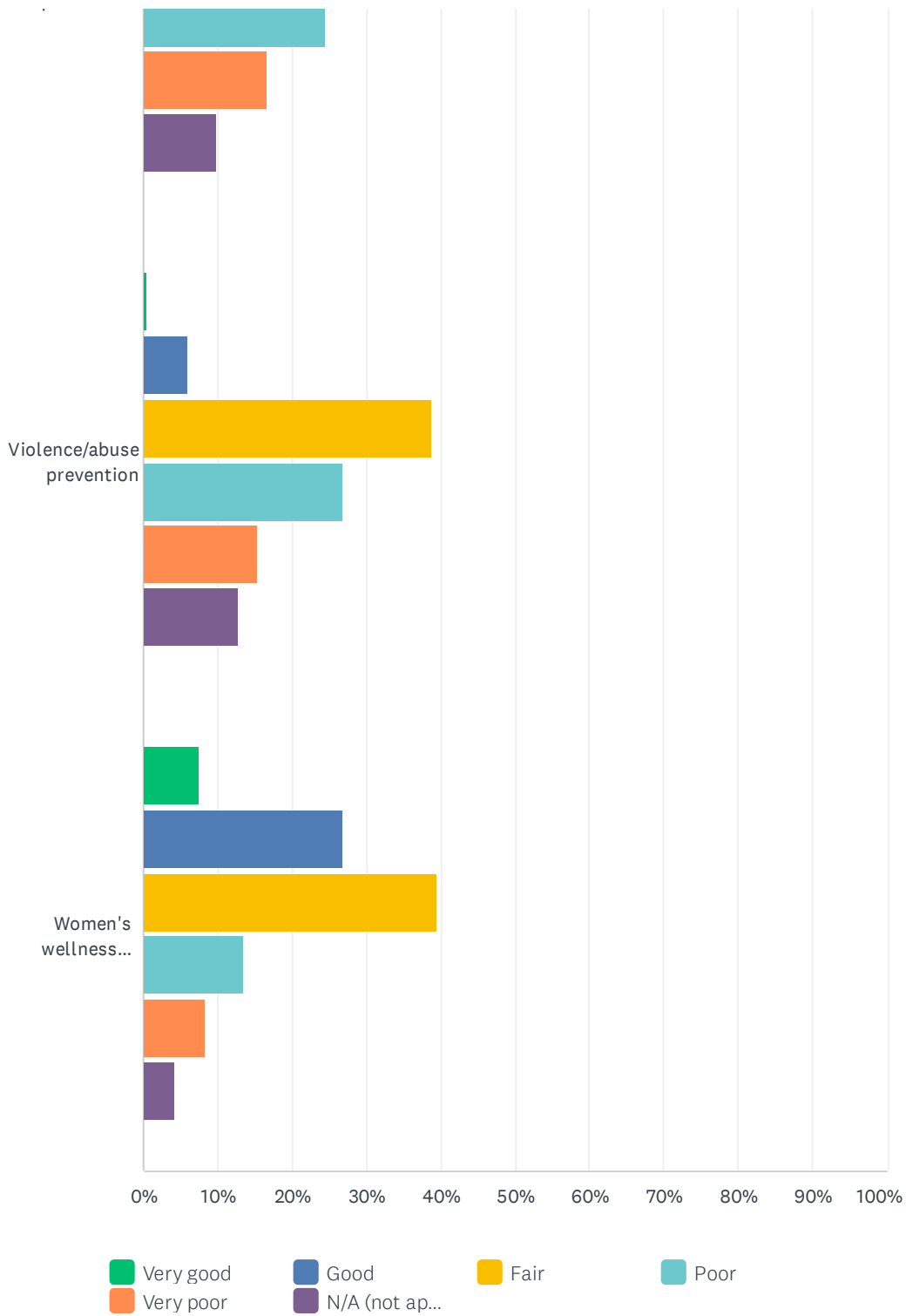
Answered: 249 Skipped: 8



# Community Health Needs Assessment



# Community Health Needs Assessment



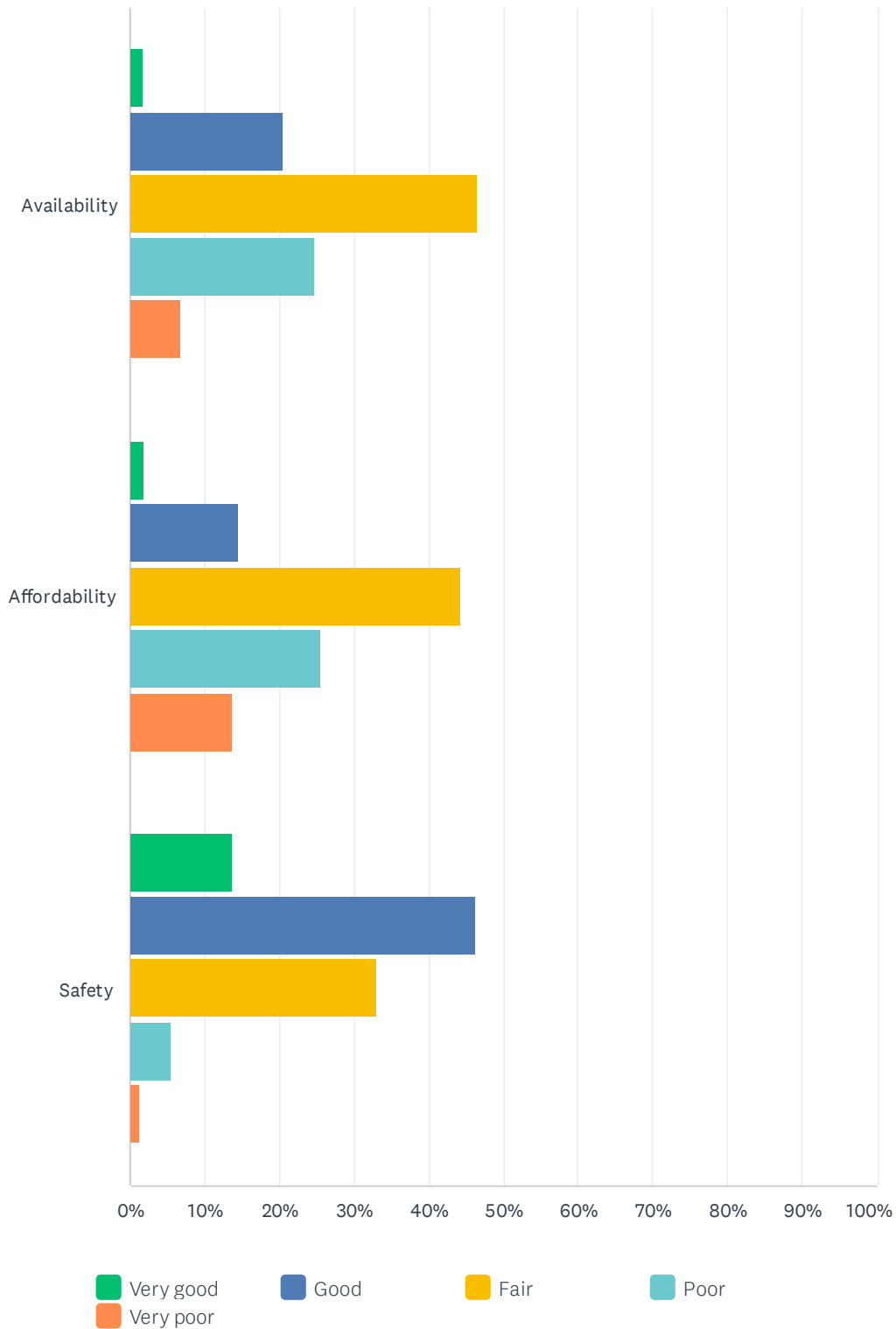
## Community Health Needs Assessment

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR	N/A (NOT APPLICABLE)	TOTAL	WEIGHTED AVERAGE
Behavioral/mental health	1.24% 3	11.57% 28	38.84% 94	29.34% 71	12.81% 31	6.20% 15	242	3.44
Emergency preparedness	10.83% 26	36.25% 87	30.83% 74	12.50% 30	5.83% 14	3.75% 9	240	2.65
Food and nutrition services/education	1.67% 4	21.67% 52	44.17% 106	20.00% 48	5.83% 14	6.67% 16	240	3.07
Health screenings/education	5.33% 13	34.84% 85	40.57% 99	12.70% 31	4.51% 11	2.05% 5	244	2.76
Prenatal/child health programs	5.86% 14	32.64% 78	34.31% 82	11.72% 28	4.18% 10	11.30% 27	239	2.73
Substance use/prevention	0.43% 1	6.38% 15	40.00% 94	26.38% 62	15.32% 36	11.49% 27	235	3.56
Suicide prevention	0.85% 2	10.59% 25	37.71% 89	24.58% 58	16.53% 39	9.75% 23	236	3.50
Violence/abuse prevention	0.43% 1	5.96% 14	38.72% 91	26.81% 63	15.32% 36	12.77% 30	235	3.58
Women's wellness programs	7.56% 18	26.89% 64	39.50% 94	13.45% 32	8.40% 20	4.20% 10	238	2.88



### Q10 How would you rate your community's housing in the following areas?

Answered: 251 Skipped: 6

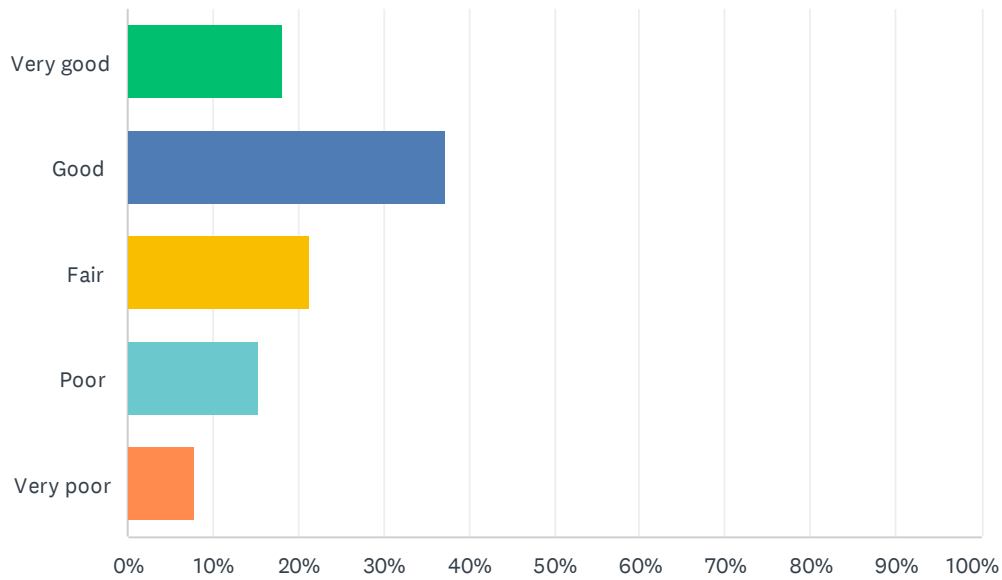


## Community Health Needs Assessment

	VERY GOOD	GOOD	FAIR	POOR	VERY POOR	TOTAL	WEIGHTED AVERAGE
Availability	1.60% 4	20.40% 51	46.40% 116	24.80% 62	6.80% 17	250	3.15
Affordability	2.00% 5	14.40% 36	44.40% 111	25.60% 64	13.60% 34	250	3.34
Safety	13.71% 34	46.37% 115	33.06% 82	5.65% 14	1.21% 3	248	2.34

## Q11 How would you rate your community's response to COVID-19?

Answered: 254 Skipped: 3



ANSWER CHOICES	RESPONSES	
Very good	18.11%	46
Good	37.40%	95
Fair	21.26%	54
Poor	15.35%	39
Very poor	7.87%	20
<b>TOTAL</b>		<b>254</b>

**Q12 Please explain your rating in the previous question.**

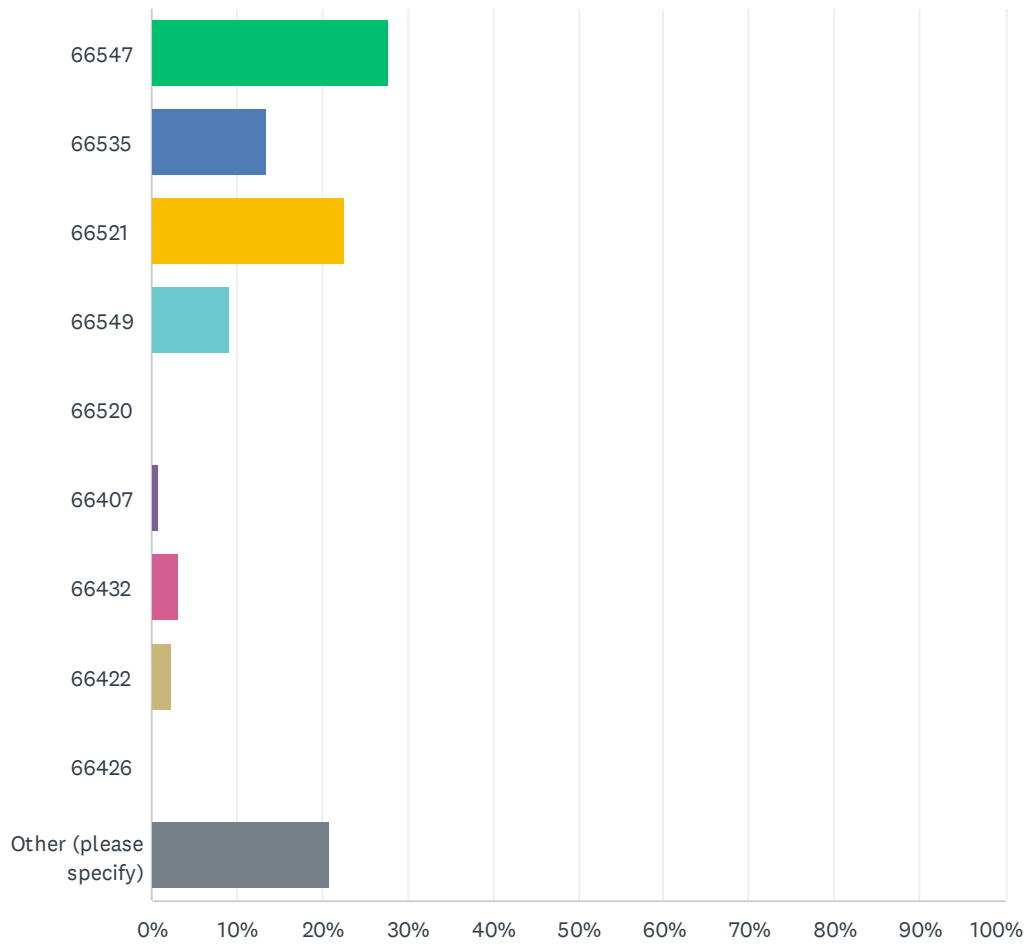
Answered: 215 Skipped: 42

**Q13 What are your worries or concerns about the effects of COVID-19 in your community?**

Answered: 217 Skipped: 40

## Q14 What is your ZIP code?

Answered: 253 Skipped: 4



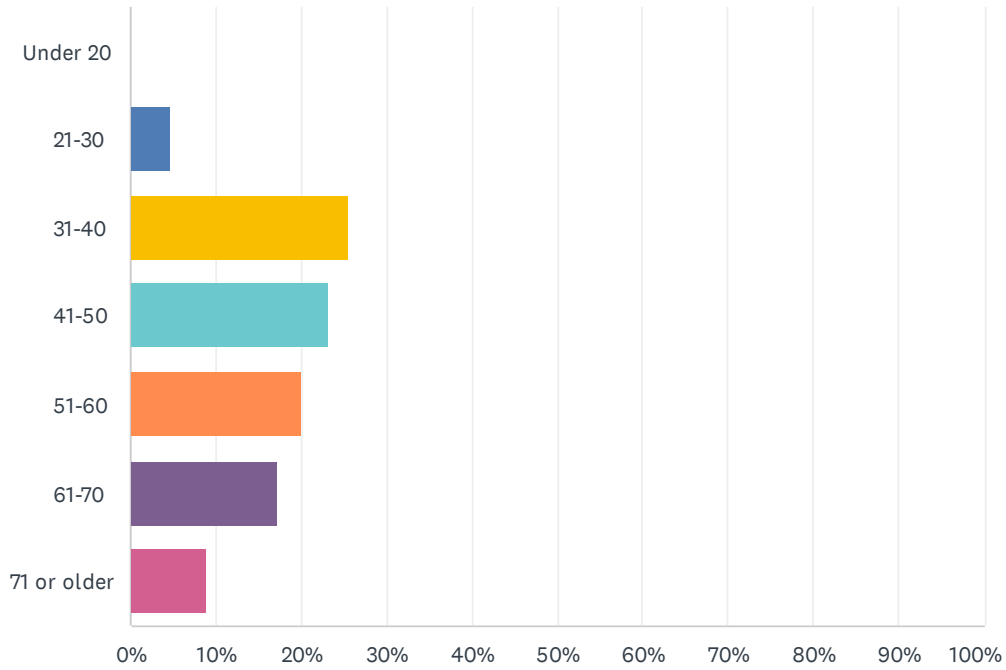


## Community Health Needs Assessment

ANSWER CHOICES	RESPONSES	
66547	27.67%	70
66535	13.44%	34
66521	22.53%	57
66549	9.09%	23
66520	0.00%	0
66407	0.79%	2
66432	3.16%	8
66422	2.37%	6
66426	0.00%	0
Other (please specify)	20.95%	53
<b>TOTAL</b>	<b>253</b>	

## Q15 What is your age?

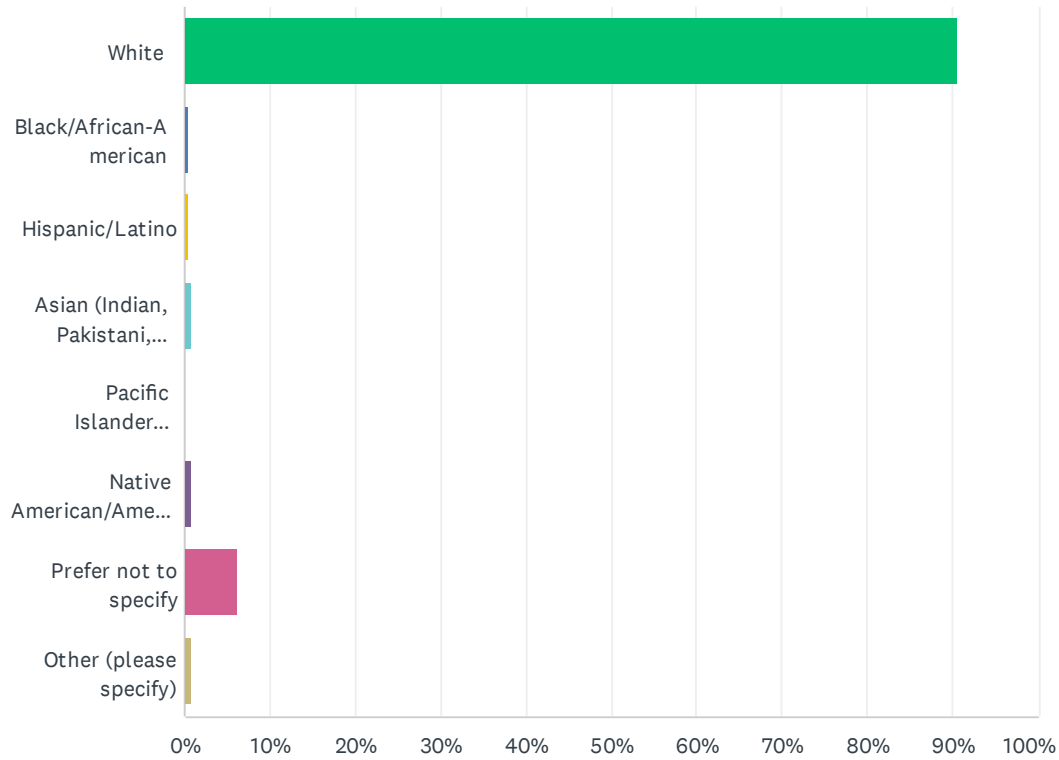
Answered: 254 Skipped: 3



ANSWER CHOICES	RESPONSES	
Under 20	0.00%	0
21-30	4.72%	12
31-40	25.59%	65
41-50	23.23%	59
51-60	20.08%	51
61-70	17.32%	44
71 or older	9.06%	23
<b>TOTAL</b>		<b>254</b>

## Q16 What is your race?

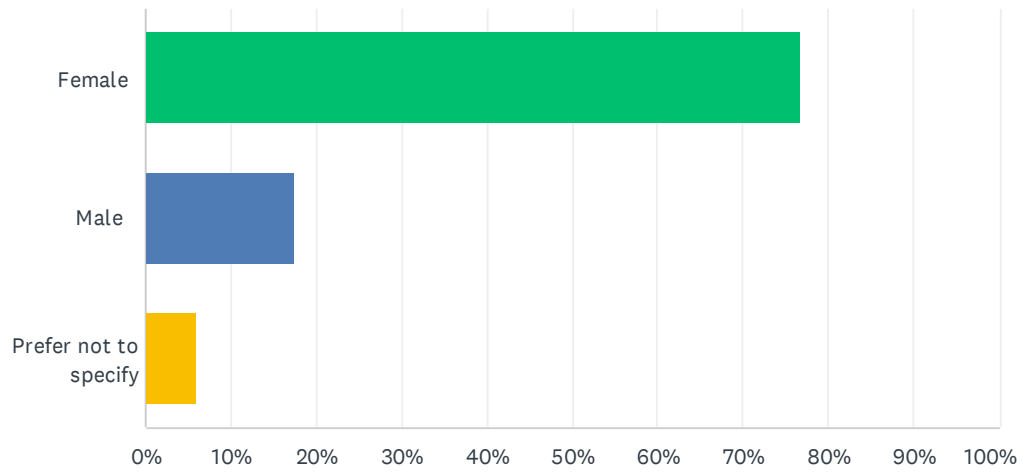
Answered: 256 Skipped: 1



ANSWER CHOICES	RESPONSES	
White	90.63%	232
Black/African-American	0.39%	1
Hispanic/Latino	0.39%	1
Asian (Indian, Pakistani, Japanese, Chinese, Korean, Vietnamese, Filipino)	0.78%	2
Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)	0.00%	0
Native American/American Indian/Alaska Native	0.78%	2
Prefer not to specify	6.25%	16
Other (please specify)	0.78%	2
<b>TOTAL</b>		<b>256</b>

## Q17 What is your gender?

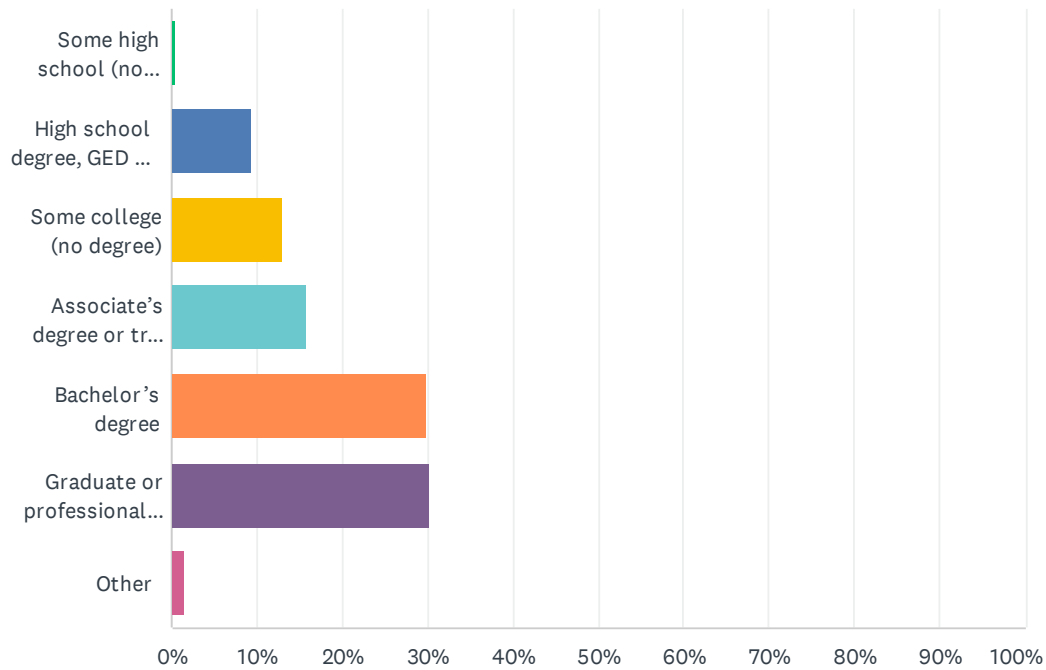
Answered: 253 Skipped: 4



ANSWER CHOICES	RESPONSES	
Female	76.68%	194
Male	17.39%	44
Prefer not to specify	5.93%	15
<b>TOTAL</b>		<b>253</b>

## Q18 What is your highest level of education?

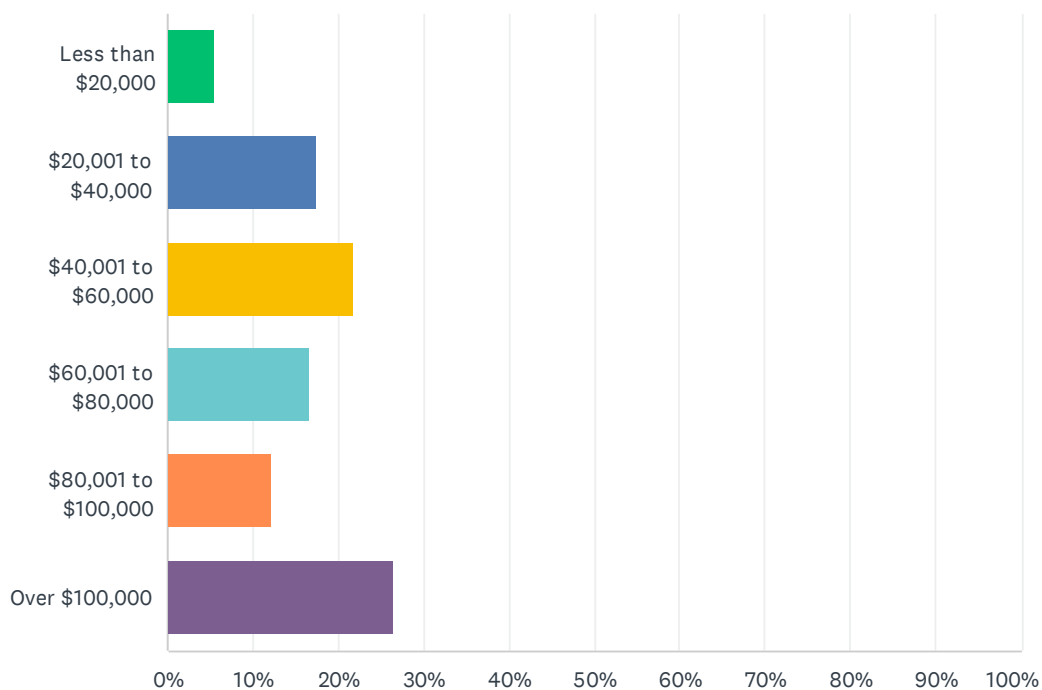
Answered: 255 Skipped: 2



ANSWER CHOICES	RESPONSES	
Some high school (no degree)	0.39%	1
High school degree, GED or equivalent	9.41%	24
Some college (no degree)	12.94%	33
Associate's degree or trade school	15.69%	40
Bachelor's degree	29.80%	76
Graduate or professional degree	30.20%	77
Other	1.57%	4
<b>TOTAL</b>		<b>255</b>

## Q19 What was your total income last year before taxes?

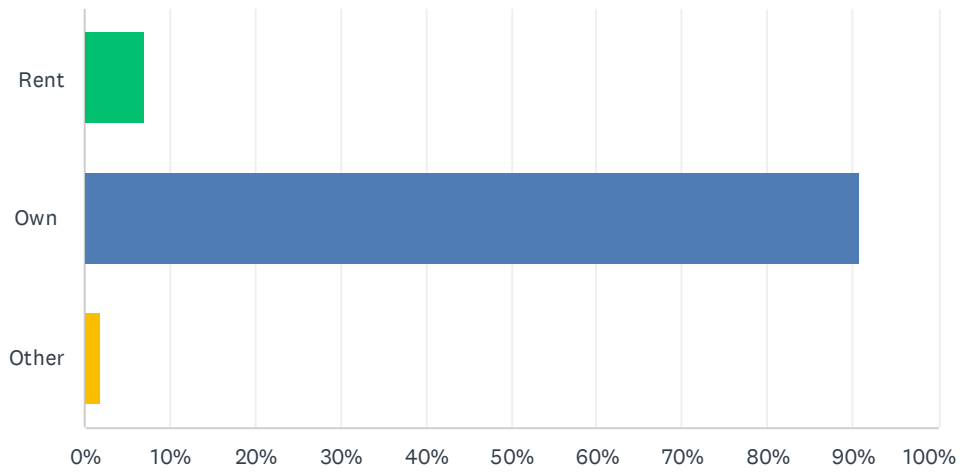
Answered: 239 Skipped: 18



ANSWER CHOICES	RESPONSES	
Less than \$20,000	5.44%	13
\$20,001 to \$40,000	17.57%	42
\$40,001 to \$60,000	21.76%	52
\$60,001 to \$80,000	16.74%	40
\$80,001 to \$100,000	12.13%	29
Over \$100,000	26.36%	63
<b>TOTAL</b>		<b>239</b>

## Q20 Do you rent or own where you live?

Answered: 252 Skipped: 5



ANSWER CHOICES	RESPONSES	
Rent	7.14%	18
Own	90.87%	229
Other	1.98%	5
<b>TOTAL</b>		<b>252</b>

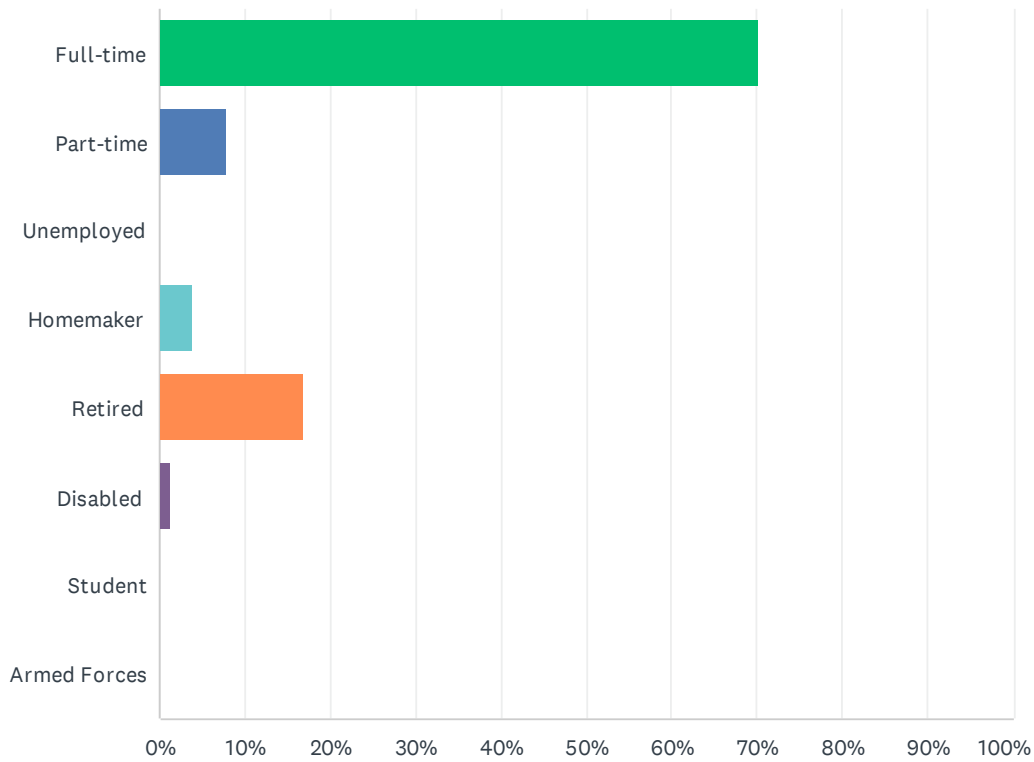
# Q21 How many people live in your home?

Answered: 249 Skipped: 8



## Q22 What is your job status?

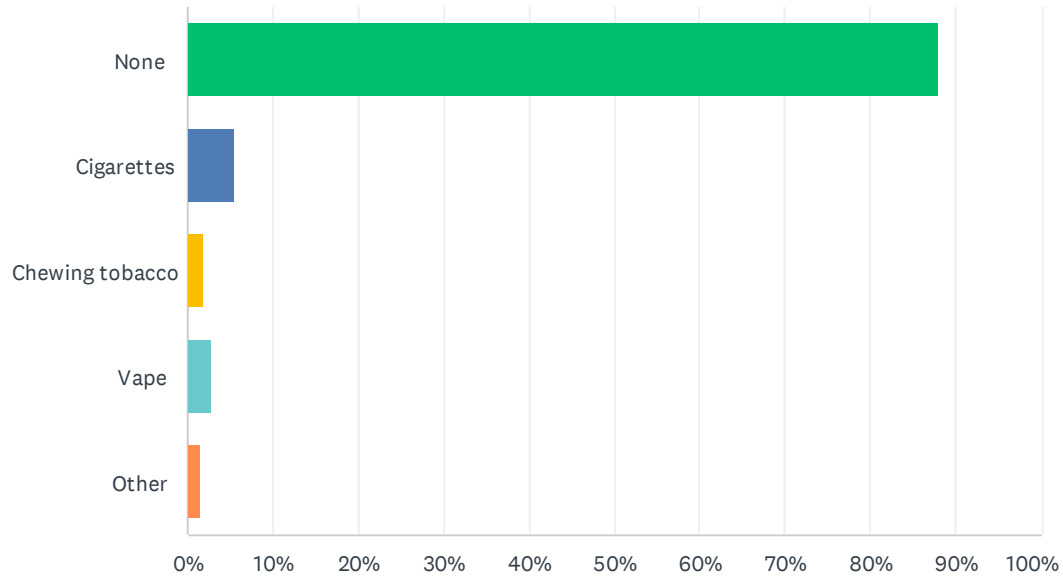
Answered: 254 Skipped: 3



ANSWER CHOICES	RESPONSES	
Full-time	70.08%	178
Part-time	7.87%	20
Unemployed	0.00%	0
Homemaker	3.94%	10
Retired	16.93%	43
Disabled	1.18%	3
Student	0.00%	0
Armed Forces	0.00%	0
<b>TOTAL</b>		<b>254</b>

## Q23 What tobacco products do you use?

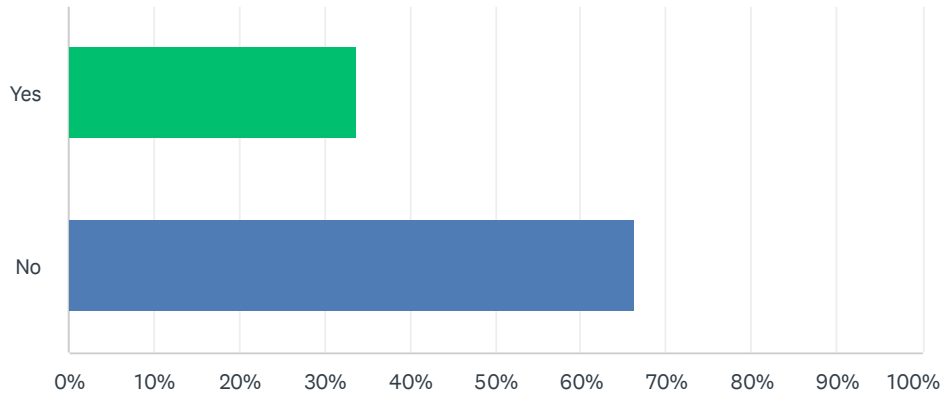
Answered: 253 Skipped: 4



ANSWER CHOICES	RESPONSES	
None	88.14%	223
Cigarettes	5.53%	14
Chewing tobacco	1.98%	5
Vape	2.77%	7
Other	1.58%	4
<b>TOTAL</b>		<b>253</b>

## Q24 Have you had thoughts of suicide or know someone who has had thoughts of suicide?

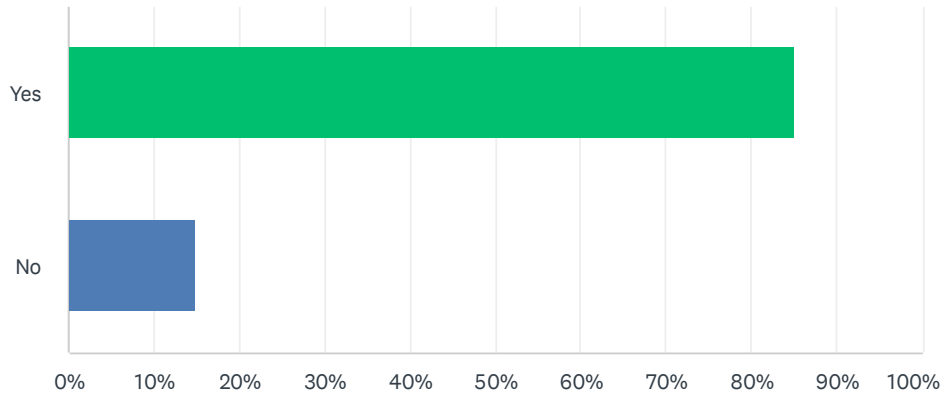
Answered: 256 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	33.59%	86
No	66.41%	170
<b>TOTAL</b>		<b>256</b>

## Q25 Do you get regular health checkups?

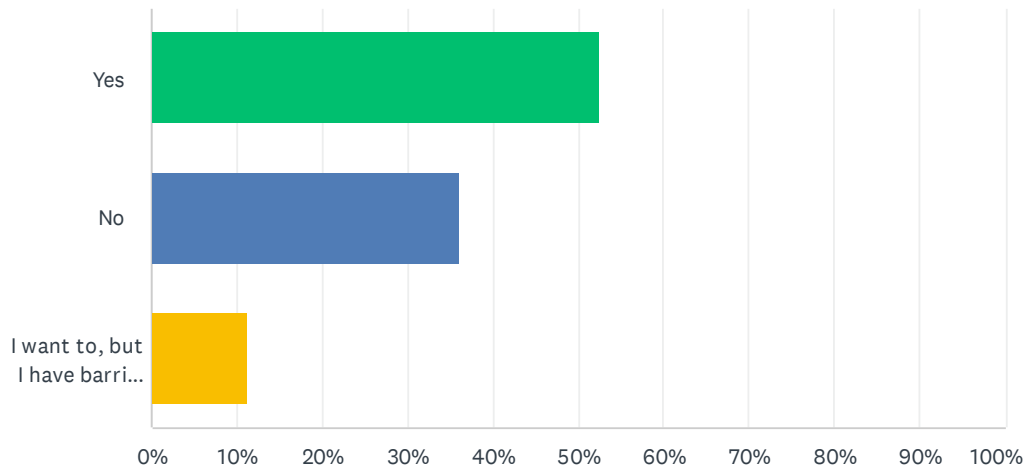
Answered: 254 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	85.04%	216
No	14.96%	38
TOTAL		254

## Q26 Do you exercise regularly?

Answered: 255 Skipped: 2



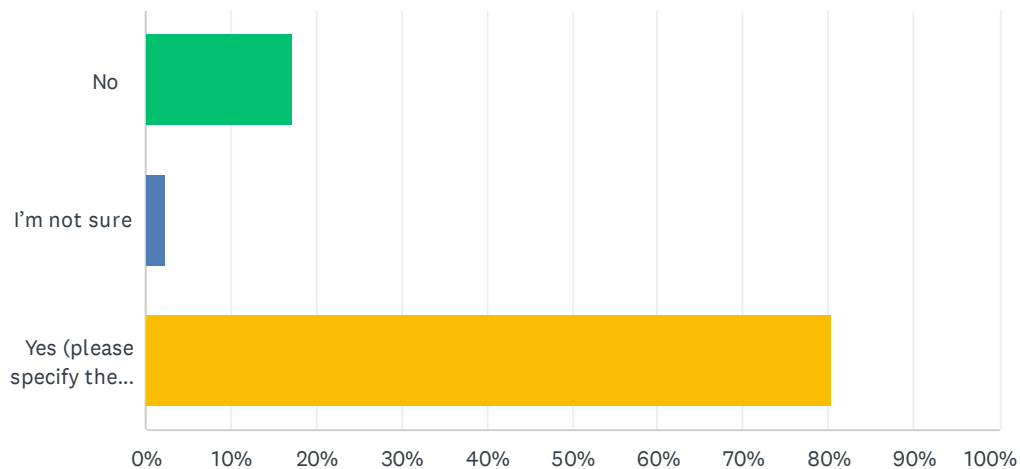
ANSWER CHOICES	RESPONSES	
Yes	52.55%	134
No	36.08%	92
I want to, but I have barriers (please specify):	11.37%	29
<b>TOTAL</b>		<b>255</b>

Q27 What is the biggest concern you have with your health?

Answered: 227 Skipped: 30

## Q28 In the past two years, did you or someone in your household receive healthcare services outside of Pottawatomie County?

Answered: 256 Skipped: 1



ANSWER CHOICES	RESPONSES	
No	17.19%	44
I'm not sure	2.34%	6
Yes (please specify the services):	80.47%	206
<b>TOTAL</b>		<b>256</b>

**Q29 What new community health programs should be created to meet current health needs?**

Answered: 187 Skipped: 70