



Community Health Needs Assessment
Johnson County, KS
On Behalf of Olathe Medical Center



October 2021

VVV Consultants LLC
Olathe, KS

Community Health Needs Assessment

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I. Executive Summary

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I. Executive Summary

Olathe Medical Center – Johnson County, KS - 2021 Community Health Needs Assessment (CHNA)

The previous CHNA for Olathe Medical Center was completed in 2018. (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 #4 Johnson County, KS CHNA assessment began December 2020 and was facilitated / created by VVV Consultants, LLC (Olathe, KS) staff under the direction of Vince Vandehaar, MBA.

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 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. **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.

County Health Area of Future Focus on Unmet Needs

Area Stakeholder held a community conversation to review, discuss and prioritize health delivery. Below are two tables reflecting community views and findings:

Johnson County, KS				
2021 CHNA Priorities - Unmet Needs				
CHNA Wave #4 Town Hall - June 15, 2021				
OMC Primary Service Area (31 Attendees, 120 Total Votes)				
#	Community Health Needs to Change and/or Improve	Votes	%	Accum
1	Mental Health (Diagnosis, Placement, Aftercare, Providers)	22	18.3%	18%
2	Preventative Health / Wellness	12	10.0%	28%
3	Drug / Alcohol Abuse	11	9.2%	38%
4	Affordable Housing	10	8.3%	46%
5	Medicaid Expansion	10	8.3%	54%
6	Affordable Healthcare Services	8	6.7%	61%
7	Chronic Disease Management	8	6.7%	68%
8	Mobile Health Services / Providers	7	5.8%	73%
9	Transportation (Public & Health)	6	5.0%	78%
10	Homeless	5	4.2%	83%
Total Votes		120	100%	
Other unmet needs receiving votes: Cost Transparency, Cultural Competency, Subsidizing Unhealthy Foods, Suicide, Social Connectivity, Bilingual Providers / Interpreters, Providers Accepting Medicaid				

Town Hall CHNA Findings: Areas of Strengths

Johnson Co. (KS): OMC - "Community Health Strengths"			
#	Topic	#	Topic
1	Outreach Services	6	Quality Hospitals
2	School Systems (Health & Education)	7	Nutrition - Healthy Food Options
3	Green Space (Recreation)	8	Quality Public Safety
4	Collaboration of Providers	9	Healthcare Services Options
5	Economic Development	10	Population Who Embraces Healthcare

Key CHNA Wave #4 Secondary Research Conclusions found:

KANSAS HEALTH RANKINGS: According to the 2021 Robert Woods Johnson County Health Rankings, Johnson County, KS Average was ranked 1st in Health Outcomes, 1st in Health Factors, and 56th in Physical Environmental Quality out of the 105 Counties.

TAB 1. Johnson County's population is 602,401 (based on 2019), with a population per square mile of approximately 1,150 persons. Roughly six percent (6.2%) of the population is under the age of 5, while the population that is over 65 years old is 15%. As of 2019, 11.9% of citizens speak a language other than English in their home. Children in single parent households make up a total of 20.7% compared to the rural norm of 29.8%, and 84.3% are living in the same house as one year ago.

TAB 2. In Johnson County, the average per capita income is \$32,281 while 5.3% of the population is in poverty. The severe housing problem was recorded at 10.9% compared to the rural norm of 14.9%. Those with food insecurity in Johnson County is 10.2%, and having limited access to healthy foods (store) is 2.4%. Individuals recorded as having a long commute while driving alone is 23.4% compared to the norm of 18.6%.

TAB 3. Children eligible for a free or reduced-price lunch in Johnson County is 23.7%. Roughly ninety-five percent (95.4%) of students graduated high school compared to the rural norm of 91%, and 49.6% have a bachelor's degree or higher.

TAB 4. The percent of births where prenatal care started in the first trimester is 88% and 6.8% of births in Johnson County have a low birth weight. Continually, 76.7% (compared to 71.8% rural norm) of infants up to 24 months are receiving full immunization. The percent of mothers who were reported smoking during pregnancy is 2.6% compared to the rural norm of 9.8%.

TAB 5. The Johnson County primary care service coverage ratio is 1 provider (county based officed physician who is a MD and/or DO) to 815 residents. The percentage of patients who gave their hospital a rating of 9 or 10 out of 10 is only 76%, while 74% of patients reported Yes, They Would Definitely Recommend the Hospital. The average (median) time patients spend in the emergency department before leaving was 156 minutes compared to the rural norm of 137.5 minutes.

TAB 6. In Johnson County, 19% of the Medicare population has depression. The percent of Medicare Part D beneficiaries receiving an opioid day supply >10 Days is 31.3%. The average mentally unhealthy days last reported (2017) is 2.9 days in a one-week period, while the age-adjusted suicide mortality rate (per 100,000) is 16.3.

TAB 7a – 7b. Johnson County has an obesity percentage of 27.1% and a physical inactivity percentage is 17.5%. The percentage of adults who smoke is 10.6%, while the excessive drinking percentage is 21.3%. The Medicare hypertension percentage is 53.6%, while their heart failure percentage is 11.1%. Those with chronic kidney disease amongst the Medicare population is 20.9% compared to the rural norm of 23.8%. The percentage of individuals who were recorded with COPD was 8.3%. Johnson County recorded roughly nine percent of those having cancer (9.4%) among their Medicare population and 3.3% of individuals who have had a stroke.

TAB 8. The adult uninsured rate for Johnson County is 7.2% (based on 2019) compared to the rural norm of only 13.0%.

TAB 9. The life expectancy rate in Johnson County is eighty-two years of age (82.1) for the entire general population in Johnson County. Alcohol-impaired driving deaths for Johnson County is at 24.4% while age-adjusted Cancer Mortality rate per 100,000 is 144.8. The age-adjusted heart disease mortality rate per 100,000 is at 115.7.

TAB 10. Roughly ninety-five percent (94.6%) of Johnson County has access to exercise opportunities. Those reported having diabetes is 7.7%. Continually, fifty percent (50%) of women in Johnson County seek annual mammography screenings compared to the rural norm of 46.9%.

Key CHNA Wave #4 Primary Research Conclusions found:

Community Feedback from residents, community leaders and providers (N=218 – Stakeholders: N=94 and Residents: N=124) provided the following community insights via an online perception survey:

- Using a Likert scale, average between Johnson County stakeholders and residents that would rate the overall quality of healthcare delivery in their community as either Very Good or Good; is 84.9%.
- Johnson County stakeholders are satisfied with some of the following services: Ambulance Services, Child Care, Chiropractors, Dentists, Optometry, Hospice, Telehealth, Inpatient Services, Outpatient Services, Pharmacy, Primary Care, and School Health.
- When considering past CHNA needs, the following topics came up as the most pressing: Access to Affordable Care, Affordable Health Insurance, Mental Health Services, Affordable Senior Living, Preventative Health / Wellness, and Suicide Prevention.

OMC PSA - CHNA Wave #4		Ongoing Problem		Trend	Pressing
Past CHNAs Unmet Needs identified		OMC Stakeholders N=94			OMC Stakeholders N=94
Rank	Ongoing Problem	Votes	%		RANK
1	Affordable Health Insurance	37	14.3%	Red	2
2	Access to Affordable Care	34	13.2%	Red	1
3	Mental Health Services	33	12.8%	Red	3
4	Affordable Senior Living	23	8.9%	Yellow	4
5	Preventative Health / Wellness	17	6.6%	Yellow	5
6	Transportation	17	6.6%	Yellow	9
7	Suicide Prevention	16	6.2%	Yellow	6
8	Culturally Competent Providers/Services	14	5.4%	Yellow	10
9	Exercise/Fitness Services	14	5.4%	Yellow	13
10	Substance Abuse	14	5.4%	Yellow	8
11	Nutrition - Healthy Food Options	12	4.7%	Yellow	11
12	Lack of Healthcare Providers/Qualified Staff	11	4.3%	Yellow	7
13	Chronic Care Management	8	3.1%	White	12
14	Diagnostics/Screenings	8	3.1%	White	14
TOTALS		258			

II. Methodology

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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 that 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 who 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.).

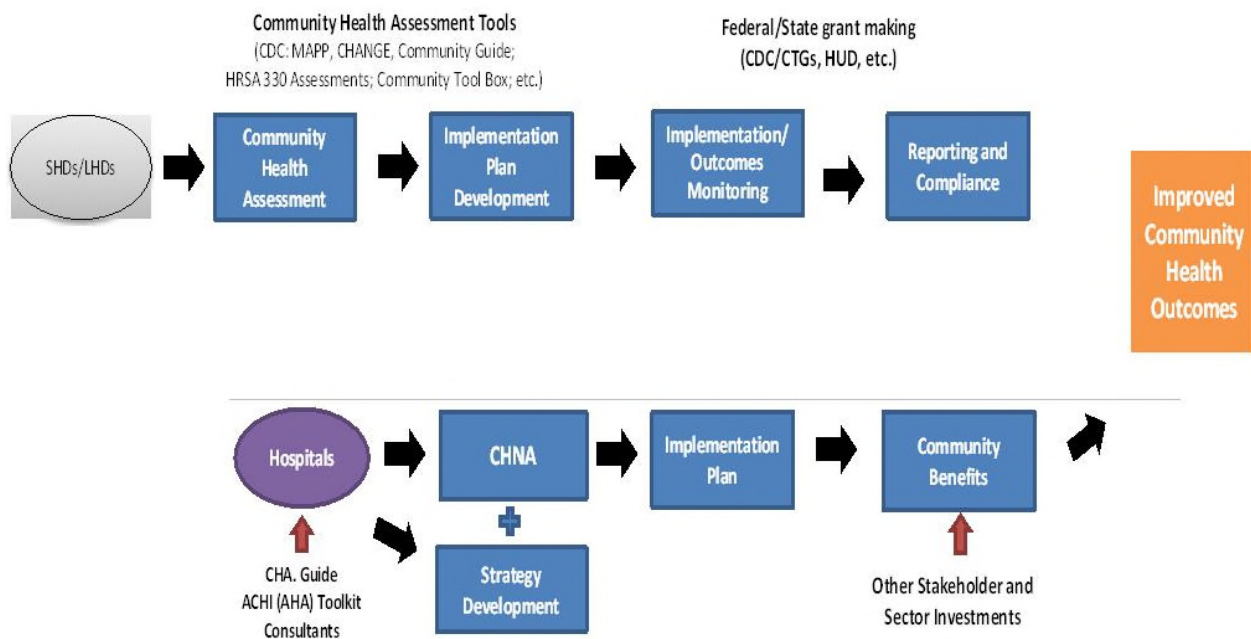
JOB #2: Making a CHNA Widely Available to the Public

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 Requirements Overview (Notice 2011-52)

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 complete a CHNA full report every 3 years for each of its hospital facilities by fiscal June 30th.

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 Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(0)(3) Last Reviewed or Updated: 21-Aug-2020

In addition to the general requirements for tax exemption under Section 501(c)(3) and Revenue Ruling 69-545 hospital organizations must meet the requirements imposed by Section 501(r) on a facility-by-facility basis in order to be treated as an organization described in Section 501(c)(3). These additional requirements are:

1. Community Health Needs Assessment (CHNA) - Section 501(r)(3),
2. Financial Assistance Policy and Emergency Medical Care Policy - Section 501(r)(4),
3. Limitation on Charges - Section 501(r)(5), and
4. Billing and Collections - Section 501(r)(6).

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility’s service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health insurance and managed care organizations,
- Private businesses, and
- Labor and workforce representatives.

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Collaboration on CHNA Reports

A hospital facility is permitted to conduct its CHNA in collaboration with other organizations and facilities. This includes related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations.

In general, every hospital facility must document its CHNA in a separate CHNA report unless it adopts a joint CHNA report. However, if a hospital facility is collaborating with other facilities and organizations in conducting its CHNA, or if another organization has conducted a CHNA for all or part of the hospital facility's community, portions of a hospital facility's CHNA report may be substantively identical to portions of the CHNA reports of a collaborating hospital facility or other organization conducting a CHNA, if appropriate under the facts and circumstances.

If two hospital facilities with overlapping, but not identical, communities collaborate in conducting a CHNA, the portions of each hospital facility's CHNA report relevant to the shared areas of their communities might be identical. So, hospital facilities with different communities, including general and specialized hospitals, may collaborate and adopt substantively identical CHNA reports to the extent appropriate. However, the CHNA reports of collaborating hospital facilities should differ to reflect any material differences in the communities served by those hospital facilities. Additionally, if a governmental public health department has conducted a CHNA for all or part of a hospital facility's community, portions of the hospital facility's CHNA report may be substantively identical to those portions of the health department's CHNA report that address the hospital facility's community.

Collaborating hospital facilities may produce a joint CHNA report as long as all of the collaborating hospital facilities define their community to be the same and the joint CHNA report contains all of the same basic information that separate CHNA reports must contain. Additionally, the joint CHNA report must be clearly identified as applying to the hospital facility.

Joint Implementation Strategies

As with the CHNA report, a hospital facility may develop an implementation strategy in collaboration with other hospital facilities or other organizations. This includes but is not limited to related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. In general, a hospital facility that collaborates with other facilities or organizations

in developing its implementation strategy must still document its implementation strategy in a separate written plan that is tailored to the particular hospital facility, taking into account its specific resources. However, a hospital facility that adopts a joint CHNA report may also adopt a joint implementation strategy. With respect to each significant health need identified through the joint CHNA, the joint implementation strategy must either describes how one or more of the collaborating facilities or organizations plan to address the health need or identify the health need as one the collaborating facilities or organizations do not intend to address. It must also explain why they do not intend to address the health need.

A joint implementation strategy adopted for the hospital facility must also: Be clearly identified as applying to the hospital facility, Clearly identify the hospital facility's role and responsibilities in taking the actions described in the implementation strategy as well as the resources the hospital facility plans to commit to such actions, and Include a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility.

Adoption of Implementation Strategy

An authorized body of the hospital facility must adopt the implementation strategy. See the discussion of the Financial Assistance Policy below for the definition of an authorized body. This must be done on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA. This is the same due date (without extensions) of the Form 990.

Acquired Facilities A hospital organization that acquires a hospital facility (through merger or acquisition) must meet the requirements of Section 501(r)(3) with respect to the acquired hospital facility by the last day of the organization's second taxable year beginning after the date on which the hospital facility was acquired. In the case of a merger that results in the liquidation of one organization and survival of another, the hospital facilities formerly operated by the liquidated organization will be considered "acquired," meaning they will have until the last day of the second taxable year beginning after the date of the merger to meet the CHNA requirements. Thus, the final regulations treat mergers equivalently to acquisitions.

New Hospital Organizations

An organization that becomes newly subject to the requirements of Section 501(r) because it is recognized as described in Section 501(c)(3) and is operating a hospital facility must meet the requirements of Section 501(r)(3) with respect to any hospital facility by the last day of the second taxable year beginning after the latter of: The effective date of the determination letter recognizing the organization as described in Section 501(c)(3), or The first date that a facility operated by the organization was licensed, registered, or similarly recognized by a state as a hospital.

New Hospital Facilities

A hospital organization must meet the requirements of Section 501(r)(3), with respect to a new hospital facility it operates by the last day of the second taxable year beginning after the date the facility was licensed, registered, or similarly recognized by its state as a hospital.

Transferred/Terminated Facilities

A hospital organization is not required to meet the requirements of Section 501(r)(3) with respect to a hospital facility in a taxable year if the hospital organization transfers all ownership of the hospital facility to another organization or otherwise ceases its operation of the hospital facility before the end of the taxable year. The same rule applies if the hospital facility ceases to be licensed, registered, or similarly recognized as a hospital by a state during the taxable year. By extension, a government hospital organization that voluntarily terminates its Section 501(c)(3) recognition as described in Rev. Proc. 2018-5 (updated annually) is no longer considered a hospital organization for purposes of Section 501(r) and therefore is not required to meet the CHNA requirements during the taxable year of its termination.

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

MAPP Process Overview

Mobilizing for Action through Planning and Partnerships (MAPP) is a flexible strategic planning tool for improving the health and quality of life for the community. Like most strategic planning, MAPP involves organizing partners, creating a vision and shared values, collecting data, identifying areas for improvement, and developing goals and strategies to address them. Through collaboration with partners and the community, MAPP allows us to focus our efforts and work on issues to strengthen the local public health system.

The MAPP process includes the following six phases. It's important to note that MAPP has no set end point and will continue throughout the life cycle of the Community Health Improvement Plan (CHIP).

1. In this first phase, **Organize for Success/Partnership Development**, various sectors of the community with established relationships are reviewed, leading to the identification of areas for partnership development and creation of new relationships to enhance the MAPP process.
2. In the second phase, **Visioning**, a shared community vision and common values for the MAPP process are created.
3. In the third phase, **Four MAPP Assessments**, data is collected from existing and new sources about the health of our community, which results in a Community Health Assessment (CHA).
4. In the fourth phase, **Identify Strategic Issues**, community partners and health professionals select issues based on data collected from the third phase that are critical to the local public health system and align with the vision from the second phase.
5. In the fifth phase, **Formulate Goals and Strategies**, potential ways to address the strategic issues are identified by the community along with the setting of achievable goals. The final result is a Community Health Improvement Plan (CHIP).
6. The sixth and final phase of the MAPP process is the **Action Cycle**, which is where the work happens for meeting the objectives set in the previous phase. Through these collaborative efforts, the health of the community is improved.



Drivers of Health Assessment & Improvement Planning

Different drivers have led health agencies and organizations to institutionalize community health assessment and community health improvement planning in recent years.

National Voluntary Accreditation Requirements

In 2011, the Public Health Accreditation Board (PHAB), in partnership with key public health organizations, launched a new national voluntary accreditation program for state, tribal, local, and territorial health departments. The standards and measures encompass 12 domains of performance and include a comprehensive community health assessment (Domain 1, Standard 1.1) and a community health improvement plan (Domain 5, Standard 5.2). A documented community health assessment and improvement plan are two of the three prerequisites for applying to PHAB. PHAB requires that these processes be conducted collaboratively and that the documents be dated within the last five years. More information is available from [PHABexternal icon](#) and [CDC](#).

CDC Grant Requirements

CDC grants often require or encourage completing a community health assessment or improvement plan. In some cases, these plans provide valuable information for identifying priority health issues or needs. Examples include ; [National Public Health Improvement Initiative \(NPHII\)](#); [Community Transformation Grants or REACH Core](#)

The Public Health Accreditation board defines *community health assessment* as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011.

The Catholic Health Association defines a *community health needs assessment* as a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon unmet community health needs.” Catholic Health Association, [Guide to Assessing and Addressing Community Health Needs Cdc-pdf\[PDF-1.5MB\]External](#), June 2013.

Social Determinants of Health

What Are Social Determinants of Health?



[Social determinants of health \(SDOH\)external icon](#) are defined as the conditions in which people are born, grow, live, work, and age. SDOH are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. Differences in these conditions lead to health inequities or the unfair and avoidable differences in health status seen within and between countries.

[Healthy People 2030external icon](#) includes SDOH among its leading health indicators. One of Healthy People 2030's five overarching goals is specifically related to SDOH: Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

Through broader awareness of how to better incorporate SDOH throughout the multiple aspects of public health work and the [10 Essential Public Health Services](#), public health practitioners can transform and strengthen their capacity to advance health equity. Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

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 151st St

Olathe, KS 66061

CEO: Stan Holm

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

About Us: For nearly 70 years, OMC has expanded its services to meet the growing needs of the community. Today, the hospital 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 the Cardiovascular Center, Cancer Center, The Birth Place and Integrity Spine Surgery. What began in 1953 as a 30-bed hospital has become a regional medical center.

Mission:

To help people through healing, health and happiness.

Values:

At Olathe Health, we are:

- Driven by compassionate patient care
- Obsessed with quality, safety and service
- Passionate about our people
- Committed to our communities
- Inspired by innovation

Services and Specialties

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

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

Johnson County Department of Health and Environment

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

Director: Dr. Sanmi Areola

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

VVV Consultants LLC is an Olathe, KS based "boutique" healthcare consulting firm specializing in Strategy, Research and Business Development services. To date we have completed 70 unique community CHNA's in KS, MO, IA and NE (references found on our website VandehaarMarketing.com)



Vince Vandehaar, MBA – Principal

VVV Consultants LLC – start 1/1/09 *

- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA

Cassandra Kahl, BHS MHA – Director, Project Management

VVV Consultants LLC – Nov 2020

- University of Kansas – Health Sciences (BHS)
 - Park University - Masters of Health Administration (MHA)
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI



VVV Consultants LLC (EIN 27-0253774) began as "VVV Research & Development INC" in early 2009 and converted to an LLC on 12/24/12. Web: VandehaarMarketing.com

Our Mission: to research, facilitate, train, and create processes to improve healthcare delivery and uncover strategic "critical success" initiatives.

Our Vision: meeting today's challenges with the voice of the market.

Our Values :

"Community" – Industry engagement...membership AMA KC, ACHE, EPBA, Forum and SHSMD.

"Stewardship" – Fair fees based on client, project scope, turnaround time, etc.

"Integrity" – Trustworthy delivery with numerous client recommendations / endorsements.

"Experience" – Skilled consulting; Marketing careers. We understand business because we have been there!

"Growth" – Process-driven; ongoing innovational delivery.

II. Methodology

c) CHNA and Town Hall Research Process

Wave #4 Community Health Needs Assessment (CHNA) process began in December of 2020 for Olathe Medical Center (OMC) located in Johnson County, KS to meet Federal IRS CHNA requirements.

In late November 2020, a meeting was called by Olathe Medical Center leaders to review CHNA collaborative options. <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 led to the Olathe Medical Center to request 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 - Define PSA					Inpatients			Outpatients		
Source: KHA - FFY 2018-2020		484,148	Totals - IP/OP		11,867	12,105	11,495	151,334	152,717	144,630
Patient Zip Code	County	3YR TOT	%	Accum	FFY18	FFY19	FFY20	FFY18	FFY19	FFY20
66061-Olathe, KS	Johnson	111,779	23.1%	23.1%	2472	2523	2372	35,449	35,750	33,213
66062-Olathe, KS	Johnson	112,555	23.2%	46.3%	2338	2358	2169	35880	36049	33761
66030-Gardner, KS	Johnson	52,158	10.8%	57.1%	1108	1048	1079	16570	16667	15686
66071-Paola, KS	Miami	18,674	3.9%	61.0%	637	740	666	5509	5586	5536
66083-Spring Hill, KS	Johnson	21,417	4.4%	65.4%	524	527	501	6568	7085	6212
66064-Osawatomie, KS	Miami	7,642	1.6%	67.0%	413	401	397	2184	2219	2028
66067-Ottawa, KS	Franklin	8342	1.7%	68.7%	341	376	291	2453	2473	2408
66092-Wellsville, KS	Franklin	7894	1.6%	70.3%	217	216	209	2410	2442	2400
66053-Louisburg, KS	Miami	5664	1.2%	71.5%	207	159	180	1792	1641	1685
66040-La Cygne, KS	Linn	4105	0.8%	72.4%	152	165	152	1312	1076	1248
66215-Lenexa, KS	Johnson	5948	1.2%	73.6%	155	168	133	1987	1892	1613
66021-Edgerton, KS	Johnson	6285	1.3%	74.9%	144	155	128	2096	1946	1816
66213-Overland Park, KS	Johnson	8008	1.7%	76.5%	126	143	128	2591	2537	2483
66018-De Soto, KS	Johnson	4606	1.0%	77.5%	137	124	134	1491	1437	1283
66212-Overland Park, KS	Johnson	4228	0.9%	78.4%	93	99	112	1271	1327	1326
66221-Overland Park, KS	Johnson	7054	1.5%	79.8%	94	94	101	2045	2296	2424
66032-Garnett, KS	Anderson	1936	0.4%	80.2%	89	102	94	627	584	440
66006-Baldwin City, KS	Douglas	2542	0.5%	80.7%	75	84	84	614	691	994

© 2021 Hospital Industry Data Institute

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 valid health indicator sources cited to document current state of county health organized as follows:

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

B) Survey Community Stakeholders to inquire about past CHNA unmet needs and obtain current health delivery trends and document on going health issues.

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 unmet health needs was administered.

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

Complete full documentation to create each CHNA sections documented in Table of Contents. Publish hard copy reports (2) for client usage plus create a full CHNA report pdf to be posted on hospital website to meet government CHNA regulation criteria.

Detail CHNA Development Steps Include:

Development Steps to Create Comprehensive Community Health Needs Assessment	
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 & 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 & 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). < Note: Formal report will follow IRS Notice 2011-52 regs & PHAB requirements. ></i>
VVV Consultants, LLC Olathe, KS 913 302-7264	

Data & Benchmarks Review

Community health assessments typically use both primary and secondary data to characterize the health of the community:

- **Primary data** are collected first-hand through surveys, listening sessions, interviews, and observations.
- **Secondary data** are collected by another entity or for another purpose.
- **Indicators** are secondary data that have been analyzed and can be used to compare rates or trends of priority community health outcomes and determinants.

Data and indicator analyses provide descriptive information on demographic and socioeconomic characteristics; they can be used to monitor progress and determine whether actions have the desired effect. They also characterize important parts of health status and health determinants, such as behavior, social and physical environments, and healthcare use.

Community health assessment indicators should be.

- Methodologically sound (valid, reliable, and collected over time)
- Feasible (available or collectable)
- Meaningful (relevant, actionable, and ideally, linked to evidence-based interventions)
- Important (linked to significant disease burden or disparity in the target community)

Jurisdictions should consider using data and indicators for the smallest geographic locations possible (e.g., county-, census block-, or zip code-level data), to enhance the identification of local assets and gaps.

Local reporting (County specific) sources of community-health level indicators:

CHNA Detail Sources
Business Quick Facts
Centers for Medicare and Medicaid Services
CMS Hospital Compare, 10/1/2015-9/30/2016
County Health Rankings
Geography Quick Facts
Kansas Health Matters
Kansas Hospital Association (KHA)
People Quick Facts
U.S. Department of Agriculture - Food Environment Atlas
US Centers for Disease Control and Prevention

Sources of community-health level indicators:

- [County Health Rankings and Roadmaps](#)
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. They provide a snapshot of how health is influenced by where we live, learn, work and play.
- [Prevention Status Reports \(PSRs\)](#)
The PSRs highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important public health problems.
- [Behavioral Risk Factor Surveillance System](#)
The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the US Virgin Islands, and Guam.
- The [Selected Metropolitan/ Micropolitan Area Risk Trends](#) project was an outgrowth of BRFSS from the increasing number of respondents who made it possible to produce prevalence estimates for smaller statistical areas.
- [CDC Wonder](#) Databases using a rich ad-hoc query system for the analysis of public health data. Reports and other query systems are also available.
- [Center for Applied Research and Engagement Systems external icon](#)
Create customized interactive maps from a wide range of economic, demographic, physical and cultural data. Access a suite of analysis tools and maps for specialized topics.
- [Community Commons external icon](#)
Interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
- [Dartmouth Atlas of Health Care external icon](#)
Documented variations in how medical resources are distributed and used in the United States. Medicare data used to provide information and analysis about national, regional, and local markets, as well as hospitals and their affiliated physicians.
- [Disability and Health Data System](#)
Interactive system that quickly helps translate state-level, disability-specific data into valuable public health information.
- [Heart Disease and Stroke Prevention's Data Trends & Maps](#)
View health indicators related to heart disease and stroke prevention by location or health indicator.
- [National Health Indicators Warehouse external icon](#)
Indicators categorized by topic, geography, and initiative.
- [US Census Bureau external icon](#)
Key source for population, housing, economic, and geographic information.
- [US Food Environment Atlas external icon](#)
Assembled statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.
- [Centers for Medicare & Medicaid Services Research and Data Clearinghouse external icon](#)
Research, statistics, data, and systems.
- [Environmental Public Health Tracking Network](#)
System of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources.
- [Health Research and Services Administration Data Warehouse external icon](#)
Research, statistics, data, and systems.
- [Healthy People 2030 Leading Health Indicators external icon](#)
Twenty-six leading health indicators organized under 12 topics.
- [Kids Count external icon](#)
Profiles the status of children on a national and state-by-state basis and ranks states on 10 measures of well-being; includes a [mobile site external icon](#).
- [National Center for Health Statistics](#)
Statistical information to guide actions and policies.
- [Pregnancy Risk Assessment and Monitoring System](#)
State-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](#)
Interactive database system with customized reports of injury-related data.
- [Youth Risk Behavior Surveillance System](#)
Monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.

Specific Project CHNA roles, responsibility and timelines are documented by the following calendar.

Olathe Medical Center			
VVV CHNA Wave #4 Work Plan - Year 2021			
Project Timeline & Roles - Draft as of 1/12/21			
Step	Timeframe	Lead	Task
1	Oct. 2020	VVV / Hosp	Sent Leadership information regarding CHNA Wave #4 for review.
2	11/17/2020	Hosp	Select CHNA Wave #4 Option B. Approve (sign) VVV CHNA quote
3	Dec, 2020	VVV	Send out REOCommInvite Excel file. HOSP & HLTH Dept to fill in PSA Stakeholders Names /Address /Email
4	1/12/2021	VVV	Hold Kick-off Meeting & Request Hospital Client to send KHA PO reports for FFY 18, 19 and 20. In addition, request hospital to complete 3 year historical PSA IP/OP/ER/Clinic patient origin file (Use ZipPSA_3yrPOrigin.xls)
5	Prior To Kick-Off	VVV	Prepare CHNA Wave#4 Stakeholder Feedback "online link". Send link for hospital review.
6	Jan-Feb 2021	VVV	Assemble & complete Secondary Research - Find / populate 10 TABS. Create Town Hall ppt for presentation.
7	2/10/2021	VVV / Hosp	Prepare/send out PR story / E Mail Request announcing upcoming CHNA work to CEO to review/approve.
8	By 3/15/2021	VVV / Hosp	Place PR story to local media CHNA survey announcing "online CHNA Wave #4 feedback". Request public to participate. Send E Mail request to local stakeholders
9	4/1/2021	VVV	Launch / conduct online survey to stakeholders: Hospital will e-mail invite to participate to all stakeholders. Cut-off 5/1/2021 for Online Survey
10	5/3/2021	Hosp	Prepare/send out Community TOWN HALL invite letter and place local AD.
11	5/7/2021	VVV / Hosp	Prepare/send out PR story to local media announcing upcoming Town Hall. VVV will mock-up PR release to media sources.
12	6/7/2021	ALL	Conduct conference call (time TBD) with Hospital / Public HLTH to review Town Hall data / flow
13	Tuesday, 6/15/2021	VVV	Conduct CHNA Town Hall. Breakfast 7:30-9am (location TBD) Review & Discuss Basic health data plus RANK Health Needs.
14	On or Before 7/15/2021	VVV	Complete Analysis - Release Draft 1- seek feedback from Leaders (Hospital & Health Dept.)
15	On or Before 7/30/2021	VVV	Produce & Release final CHNA report. Hospital will post CHNA online (website).
16	TBD	Hosp	Conduct Client Implementation Plan PSA Leadership meeting
17	On or Before 12/31/2021	Hosp	Hold Board Meetings discuss CHNA needs, create & adopt an implementation plan. Communicate CHNA plan to community.

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, 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, KS Town Hall was held on Tuesday June 15th, 2021, onsite following COVID-19 safety requirements. Vince Vandehaar (MBA) and Cassandra Kahl (MHA) facilitated the 1½ hour session from 7:30 a.m. to 9:00 a.m. with 38 RSVP's and 31 attendees. (Note: a detail roster of Town Hall attendees is listed in Section V).

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) and Primary Online survey results.
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 (casting 3 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 Consultants encouraged all community members to continue to contribute ideas to both hospital / health department leaders via e-mail and/or personal conversations. < NOTE: To review detail Town Hall discussion content, please turn to Section V for detailed notes of retreat session and activities citing health strengths & unmet health needs to change or improve.>

Community Health Needs Assessment Town Hall Meeting Olathe Medical Center – Johnson Co. KS



VVV Consultants LLC
Olathe, Kansas 66061

VandehaarMarketing.com
913-302-7264

1

Safe Table Seating Assignments

Olathe Medical Center 2021 CHNA Town Hall Tues, June 15th

ID	Table	Last	First	Organization	Title
01	A	Lee	Lee	Health Perspectives Clinic, Inc.	CEO
02	A	Anderson	Clare	KVC Health Systems	Chief Clinical Officer
03	A	Artem	Deleon	Olathe Public Library	Head Services Manager
04	A	Artem	Maria	Olathe Health	Chief Strategy Officer
05	B	Artem	Crystal	E-Share, Republic & Estimote	Health & Food Safety, Est Admin
06	B	Artem	Michelle	Olathe Health	Manager
07	B	Artem	Elizabeth	Johnson Co. Dept of Health and Env	Director, Exceptional Services
08	B	Artem	Erin	City of Olathe	Director of Transition Services
09	C	Artem	Erin	Avila St Francis	Chief of Transition Services
10	C	Artem	Erin	Avila St Francis	VP, Emergency Initiatives
11	C	Artem	Jeff	Olathe Fire Department	Chief
12	C	Artem	Jason	Mission Southside Inc	Business Development Dir
13	D	Artem	Barbara	Lafayette	Director of Career Programs
14	D	Artem	Barbara	Lafayette	Director of Career Programs
15	D	Artem	Barbara	Lafayette	Director of Career Programs
16	D	Artem	Barbara	Lafayette	Director of Career Programs
17	D	Artem	Barbara	Lafayette	Director of Career Programs
18	D	Artem	Barbara	Lafayette	Director of Career Programs
19	D	Artem	Barbara	Lafayette	Director of Career Programs
20	D	Artem	Barbara	Lafayette	Director of Career Programs
21	E	Artem	Barbara	Lafayette	Director of Career Programs
22	E	Artem	Barbara	Lafayette	Director of Career Programs
23	E	Artem	Barbara	Lafayette	Director of Career Programs
24	F	Artem	Barbara	Lafayette	Director of Career Programs
25	F	Artem	Barbara	Lafayette	Director of Career Programs
26	F	Artem	Barbara	Lafayette	Director of Career Programs
27	F	Artem	Barbara	Lafayette	Director of Career Programs
28	F	Artem	Barbara	Lafayette	Director of Career Programs
29	F	Artem	Barbara	Lafayette	Director of Career Programs
30	F	Artem	Barbara	Lafayette	Director of Career Programs
31	F	Artem	Barbara	Lafayette	Director of Career Programs
32	F	Artem	Barbara	Lafayette	Director of Career Programs
33	F	Artem	Barbara	Lafayette	Director of Career Programs
34	F	Artem	Barbara	Lafayette	Director of Career Programs
35	F	Artem	Barbara	Lafayette	Director of Career Programs
36	F	Artem	Barbara	Lafayette	Director of Career Programs
37	F	Artem	Barbara	Lafayette	Director of Career Programs
38	F	Artem	Barbara	Lafayette	Director of Career Programs
39	F	Artem	Barbara	Lafayette	Director of Career Programs
40	F	Artem	Barbara	Lafayette	Director of Career Programs
41	F	Artem	Barbara	Lafayette	Director of Career Programs
42	F	Artem	Barbara	Lafayette	Director of Career Programs
43	F	Artem	Barbara	Lafayette	Director of Career Programs
44	F	Artem	Barbara	Lafayette	Director of Career Programs
45	F	Artem	Barbara	Lafayette	Director of Career Programs
46	F	Artem	Barbara	Lafayette	Director of Career Programs
47	F	Artem	Barbara	Lafayette	Director of Career Programs
48	F	Artem	Barbara	Lafayette	Director of Career Programs
49	F	Artem	Barbara	Lafayette	Director of Career Programs
50	F	Artem	Barbara	Lafayette	Director of Career Programs

2

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

- 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 Unmet Needs (30 mins)
- V. Close / Next Steps (5 mins)

3

I. Introduction: Who We Are

Background and Experience





Vince Vandehaar, MBA – Principal
VVV Consultants LLC – start 1/1/09 *
- Adjunct Full Professor @ Avila and Webster Universities
- 35+ year veteran marketer, strategist and researcher
- Saint Luke's Health System, BCBS of KC,
- Tillinghast Towers Perrin, and Lutheran Mutual Life
- Hometown: Bondurant IA



Cassandra Kahl, BHS – Lead Consultant
VVV Consultants LLC – Nov 2020
- University of Kansas – Health Sciences (BHS)
• Park University - MHA
- Pharmacy Management (CVS) – 2 ½ years
- Hometown: Maple, WI

*NOTE: Vince started VVV Consultants LLC on 1/1/2009, after working for Saint Luke's Health System of Kansas City for 16 years. Saint Luke's Hospital of KC, SLHS's largest hospital, won the Malcolm Baldrige National Quality Award in March of 2003.

4

Town Hall Participation (You)

- ALL attendees practice "Safe Engagement". We will work together - Table Teams
- ALL attendees welcome to share. Engaging Conversation (No right or wrong answer)
 - Parking Lot
- ALL Take Notes – Important Health Indicators
- Please give truthful responses – Serious Community Conversation. Here to Update Unmet Needs List.
- Have a little fun along the way

5

Review of a CHNA

- **A Community Health Needs Assessment (CHNA) is a...**
 - Systematic collection, assembly, analysis, and dissemination of information about the health of the community.
- **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.
- **Purpose of a CHNA – Why Conduct One?**
 - Determine health-related trends and issues of the community
 - Understand / evaluate health delivery programs in place.
 - Meet Federal requirements – both local hospital and health department
 - Develop Implementation Plan strategies to address unmet health needs (4-6 weeks after Town Hall)

6

A Conversation with the Community & Stakeholders

Community members and organizations invited to CHNA Town Hall

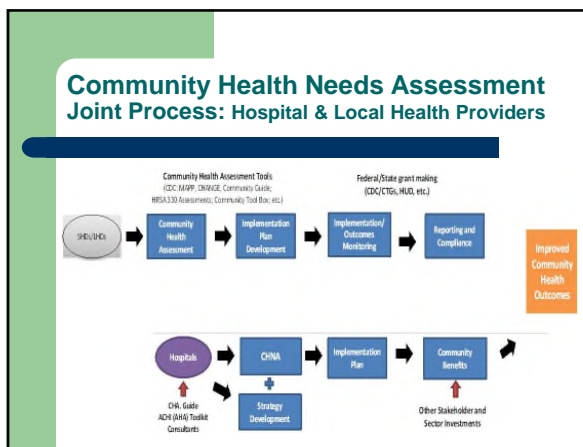
Consumers: Uninsured/underinsured people, Members of at-risk populations, Parents, caregivers and other consumers of health care in the community, and Consumer advocates.

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."

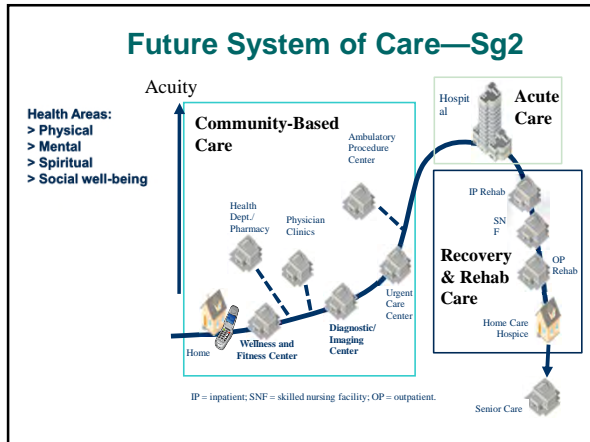
Public and other organizations: Public health officials, Directors or staff of health and human service organizations, City/Community planners and development officials, Individuals with business and economic development experience, Welfare and social service agency staff, Housing advocates - administrators 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

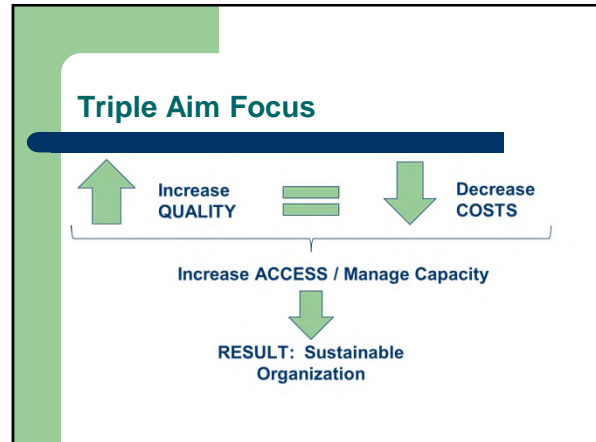
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IRS Hospital CHNA Written Report Documentation – Table of Contents

- 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

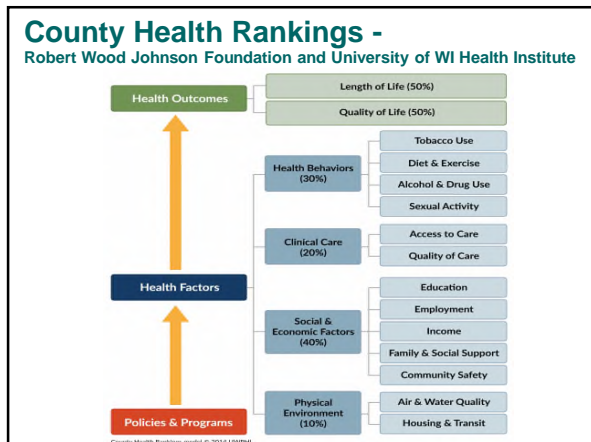
11

III. Review Current County Health Status: Secondary Data by 10 Tab Categories & State Rankings

Trends: Good Same Poor

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

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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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"Table Lead" Report Out... Unmet Needs and Strengths

Table Lead	Last	First	Organization	Title
11	A	Fisk	Amv	Health Partnership Director
12	A	Anderson	CVIC Health Systems	CEO
13	A	Anderson	CVIC Health Systems	Chief Clinical Officer
14	A	Anderson	CVIC Health Systems	Chief Operations Manager
15	A	Anderson	CVIC Health Systems	Chief Strategy Officer
16	B	Castell	K-State Research & Extension	Health & Food Safety Ext Agent
17	B	Hornbeck	Mohe	Health
18	B	Wozniak	Elizabeth Johnson Co Dept of Health and Env	Manager
19	B	Anderson	Eric	City of Olathe
20	C	Anderson	Eric	Wits of Francis
21	C	Smith	Osberg	OSF
22	C	DeGruyter	Jeff	Olathe Fire Department
23	C	Reed	Janan	Mission Southside Inc
24	D	Reed	Emily	Salesforce
25	D	Langston	Healy	
26	D	Anderson	Maat	Continental Tire Company
27	D	Smith	Maat	City of Olathe
28	E	Woodard	Nate	The Salvation Army of Olathe
29	E	Reed	Tom	City of Olathe
30	E	Woodard	Nate	The Salvation Army of Olathe
31	F	Woodard	Nate	The Salvation Army of Olathe
32	F	Woodard	Nate	The Salvation Army of Olathe
33	F	Woodard	Nate	The Salvation Army of Olathe
34	F	Woodard	Nate	The Salvation Army of Olathe
35	G	Woodard	Nate	The Salvation Army of Olathe
36	G	Woodard	Nate	The Salvation Army of Olathe
37	G	Woodard	Nate	The Salvation Army of Olathe
38	G	Woodard	Nate	The Salvation Army of Olathe
39	H	Woodard	Nate	The Salvation Army of Olathe
40	H	Woodard	Nate	The Salvation Army of Olathe
41	H	Woodard	Nate	The Salvation Army of Olathe
42	H	Woodard	Nate	The Salvation Army of Olathe
43	H	Woodard	Nate	The Salvation Army of Olathe
44	H	Woodard	Nate	The Salvation Army of Olathe
45	H	Woodard	Nate	The Salvation Army of Olathe
46	H	Woodard	Nate	The Salvation Army of Olathe
47	H	Woodard	Nate	The Salvation Army of Olathe
48	H	Woodard	Nate	The Salvation Army of Olathe
49	H	Woodard	Nate	The Salvation Army of Olathe
50	H	Woodard	Nate	The Salvation Army of Olathe

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Community Health Needs Assessment

Questions? Next Steps?

VVV Consultants LLC
601 N Mahaffie
Olathe, KS 66061

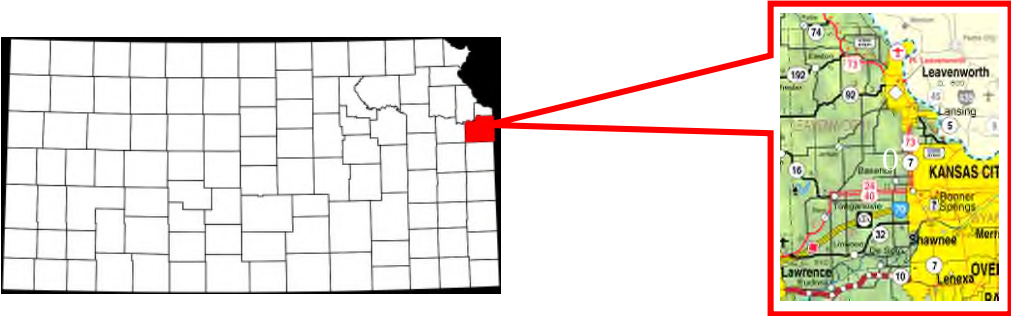
VVV@VandehaarMarketing.com
601 N Mahaffie
CJ@VandehaarMarketing.com
(913) 302-7264

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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 Airports¹

Name	USGS Topo Map
Cedar Air Park	De Soto
Clear View Farm Airport	Ocheltree
Gardner Municipal Airport	Gardner
Hermon Farm Airport	Gardner
Hillside Airport	Belton
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

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

Schools in Johnson County: Public Schools²

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	Shawano 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		

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

Johnson County, KS - Detail Demographic Profile

ZIP	NAME	Population				Households		HH	Per Capita
		County	Year 2020	Year 2025	Change	YR 2020	YR 2025	Avg Sz 2020	Income 2020
66018	De Soto	Johnson	7140	7693	7.7%	2525	2720	2.81	\$39,214
66021	Edgerton	Johnson	2769	2874	3.8%	1016	1055	2.73	\$31,879
66030	Gardner	Johnson	23773	25062	5.4%	8386	8842	2.77	\$32,343
66031	New Century	Johnson	1225	1280	4.5%	11	13	7	\$11,982
66061	Olathe	Johnson	64415	69297	7.6%	22830	24570	2.8	\$37,428
66062	Olathe	Johnson	78751	81828	3.9%	27469	28443	2.83	\$38,630
66083	Spring Hill	Johnson	10877	11756	8.1%	3887	4205	2.79	\$37,127
66085	Stilwell	Johnson	10162	11150	9.7%	3486	3814	2.92	\$60,484
66202	Mission	Johnson	17685	18557	4.9%	8962	9455	1.97	\$38,461
66203	Shawnee	Johnson	19673	20767	5.6%	8501	8961	2.29	\$31,809
66204	Overland Park	Johnson	19256	19982	3.8%	8874	9210	2.14	\$32,729
66205	Mission	Johnson	13843	14857	7.3%	6407	6897	2.16	\$54,488
66206	Leawood	Johnson	10995	11419	3.9%	4384	4537	2.49	\$75,879
66207	Overland Park	Johnson	14397	15305	6.3%	5992	6343	2.37	\$59,418
66208	Prairie Village	Johnson	21785	22216	2.0%	9715	9891	2.23	\$64,827
66209	Leawood	Johnson	19937	21086	5.8%	8077	8654	2.41	\$69,632
66210	Overland Park	Johnson	19248	20334	5.6%	8955	9506	2.14	\$47,974
66211	Leawood	Johnson	4886	5270	7.9%	2436	2632	1.97	\$91,117
66212	Overland Park	Johnson	33806	35090	3.8%	15214	15791	2.22	\$35,009
66213	Overland Park	Johnson	33213	35536	7.0%	12794	13677	2.59	\$51,558
66214	Overland Park	Johnson	12271	12530	2.1%	5501	5611	2.22	\$36,698
66215	Lenexa	Johnson	27382	28295	3.3%	11681	12090	2.31	\$41,162
66216	Shawnee	Johnson	25631	26326	2.7%	9677	9931	2.62	\$44,196
66217	Shawnee	Johnson	5213	5331	2.3%	2316	2367	2.23	\$55,842
66218	Shawnee	Johnson	9600	10144	5.7%	2980	3132	3.22	\$48,527
66219	Lenexa	Johnson	14272	15969	11.9%	6025	6844	2.37	\$44,940
66220	Lenexa	Johnson	8354	8988	7.6%	2773	2973	3.01	\$60,833
66221	Overland Park	Johnson	22011	23917	8.7%	7172	7766	3.07	\$66,172
66223	Overland Park	Johnson	25918	27485	6.0%	9826	10457	2.64	\$52,652
66224	Overland Park	Johnson	14119	15264	8.1%	4558	4923	3.1	\$65,036
66226	Shawnee	Johnson	14029	14737	5.0%	4405	4604	3.18	\$45,575
66227	Lenexa	Johnson	6745	7688	14.0%	2524	2855	2.67	\$52,293
Totals			613,381	648,033	5.6%	239,359	252,769	2.7	\$48,622

ZIP	NAME	County	Population				Year 2020		Females
			Year 2020	Pop. 65+	Kids<18	Gen Y	Males	Females	Age 20-35
66018	De Soto	Johnson	7140	1028	2240	952	3,584	3556	870
66021	Edgerton	Johnson	2769	369	874	335	1,437	1332	322
66030	Gardner	Johnson	23773	1955	9131	3734	12,037	11736	3547
66031	New Century	Johnson	1225	52	382	319	851	374	177
66061	Olathe	Johnson	64415	7330	23296	8899	31,972	32443	8637
66062	Olathe	Johnson	78751	7667	28771	11629	39,068	39683	11662
66083	Spring Hill	Johnson	10877	1585	3549	1368	5,477	5400	1329
66085	Stilwell	Johnson	10162	1636	3289	849	5,087	5075	893
66202	Mission	Johnson	17685	2888	4822	3020	8,517	9168	2970
66203	Shawnee	Johnson	19673	3683	5823	2454	9,480	10193	2571
66204	Overland Park	Johnson	19256	3142	5560	3454	9,250	10006	3172
66205	Mission	Johnson	13843	2470	3793	2072	6,677	7166	2050
66206	Leawood	Johnson	10995	2566	3440	686	5,400	5595	813
66207	Overland Park	Johnson	14397	3758	3691	1507	6,867	7530	1518
66208	Prairie Village	Johnson	21785	4620	5828	2372	10,181	11604	2545
66209	Leawood	Johnson	19937	5218	5194	1884	9,420	10517	1958
66210	Overland Park	Johnson	19248	3573	4993	3196	9,336	9912	2944
66211	Leawood	Johnson	4886	1535	1051	547	2,300	2586	578
66212	Overland Park	Johnson	33806	6893	9548	4808	16,291	17515	4778
66213	Overland Park	Johnson	33213	4203	10358	4571	16,255	16958	4563
66214	Overland Park	Johnson	12271	2031	3812	2037	5,984	6287	1955
66215	Lenexa	Johnson	27382	5843	7719	3753	13,191	14191	3668
66216	Shawnee	Johnson	25631	4887	7534	3102	12,380	13251	3072

Johnson County, KS - Detail Demographic Profile

66217	Shawnee	Johnson	5213	1014	1542	727	2,527	2686	723
66218	Shawnee	Johnson	9600	665	3622	1335	4,797	4803	1418
66219	Lenexa	Johnson	14272	1254	4896	2458	7,005	7267	2496
66220	Lenexa	Johnson	8354	1148	3002	742	4,123	4231	852
66221	Overland Park	Johnson	22011	1983	8358	2205	10,906	11105	2553
66223	Overland Park	Johnson	25918	2632	9180	3239	12,697	13221	3489
66224	Overland Park	Johnson	14119	1736	5166	1104	6,920	7199	1351
66226	Shawnee	Johnson	14029	1008	5454	1787	6,984	7045	1973
66227	Lenexa	Johnson	6745	947	2376	665	3,270	3475	738
Totals			613,381	91,319	198,294	81,810	300,271	313,110	82,185

ZIP	NAME	County	Population 2020				Average Households 2020		
			Caucasian	African Amer	Amer Ind.	Hispanic	HH Inc	HH	HH \$50K+
66018	De Soto	Johnson	6,362	57	50	1,050	\$77,983	2525	1911
66021	Edgerton	Johnson	2,578	25	14	130	\$70,383	1016	745
66030	Gardner	Johnson	20,920	856	119	1,640	\$78,239	8386	6900
66031	New Century	Johnson	922	198	10	115	\$59,546	11	10
66061	Olathe	Johnson	50,952	3,865	258	9,662	\$83,748	22830	18172
66062	Olathe	Johnson	64,576	4,489	236	6,221	\$93,215	27469	22733
66083	Spring Hill	Johnson	10,137	163	76	446	\$81,390	3887	3366
66085	Stilwell	Johnson	9,308	122	30	366	\$138,881	3486	3424
66202	Mission	Johnson	14,360	1,150	53	2,016	\$59,140	8962	5889
66203	Shawnee	Johnson	16,073	1,318	98	2,813	\$60,057	8501	5581
66204	Overland Park	Johnson	15,135	1,290	96	2,908	\$57,154	8874	5839
66205	Mission	Johnson	12,334	374	42	1,190	\$84,682	6407	5322
66206	Leawood	Johnson	10,478	78	11	242	\$140,819	4384	3888
66207	Overland Park	Johnson	13,202	317	43	576	\$98,892	5992	5217
66208	Prairie Village	Johnson	20,609	240	44	871	\$101,587	9715	8170
66209	Leawood	Johnson	17,584	518	20	578	\$127,360	8077	7204
66210	Overland Park	Johnson	15,418	1,155	58	1,175	\$79,509	8955	7168
66211	Leawood	Johnson	4,427	132	15	122	\$127,783	2436	2147
66212	Overland Park	Johnson	26,977	2,468	135	3,989	\$60,430	15214	10169
66213	Overland Park	Johnson	26,869	1,196	66	1,329	\$103,696	12794	10747
66214	Overland Park	Johnson	9,142	1,215	37	1,828	\$58,273	5501	3453
66215	Lenexa	Johnson	22,398	1,780	82	2,820	\$75,318	11681	8544
66216	Shawnee	Johnson	21,043	1,768	102	1,845	\$90,348	9677	7725
66217	Shawnee	Johnson	4,384	407	16	281	\$80,963	2316	1711
66218	Shawnee	Johnson	8,371	374	29	499	\$123,724	2980	2896
66219	Lenexa	Johnson	11,275	1,342	43	785	\$82,384	6025	5186
66220	Lenexa	Johnson	7,477	175	17	284	\$150,957	2773	2798
66221	Overland Park	Johnson	18,709	572	44	682	\$169,091	7172	7121
66223	Overland Park	Johnson	19,853	1,037	78	1,114	\$110,184	9826	9049
66224	Overland Park	Johnson	11,507	635	28	522	\$172,024	4558	4259
66226	Shawnee	Johnson	12,514	491	56	673	\$119,786	4405	4188
66227	Lenexa	Johnson	5,942	169	27	270	\$113,910	2524	2525
Totals			511,836	29,976	2,033	49,042	\$97,858	239,359	194,057

Source: ERSA Demographics

III. Community Health Status

[VVV Consultants LLC]

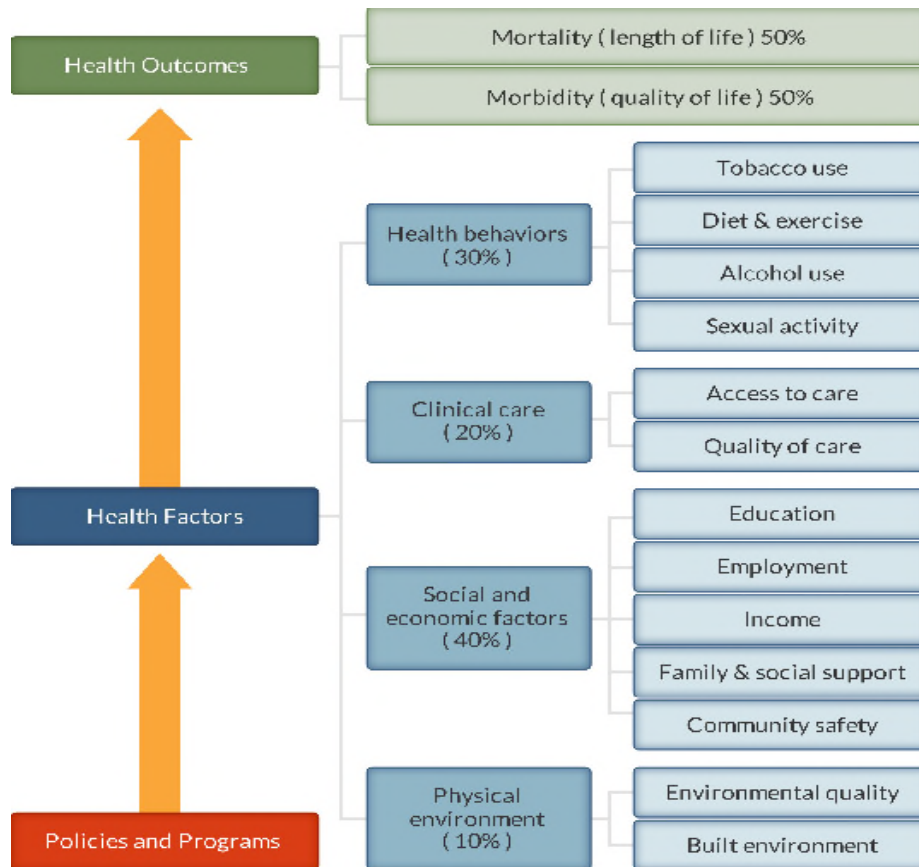
III. Community Health Status

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 2020 RWJ County Health Rankings and conversations from Town Hall participantes. 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 2021 RWJ Health Rankings:

#	KS Rankings - 105 Counties	Definitions	Johnson Co. (KS)	TREND	Big KS RURAL NORM (N=12)
1	Health Outcomes		1		40
2	Mortality	Length of Life	1		36
3	Morbidity	Quality of Life	1		47
4	Health Factors		1		41
5	Health Behaviors	Tobacco Use, Diet/Exercise, Alcohol Use, Sexual Activitiy	1		32
6	Clinical Care	Access to care / Quality of Care	1		23
7	Social & Economic Factors	Education, Employment, Income, Family/Social support, Community Safety	1		53
8	Physical Environment	Environmental quality	56		81
Kansas Big KS Norm (N=12) includes the following counties: Butler, Douglas, Ellis, Finney, Johnson, Leavenworth, Reno, Riley, Saline, Sedgwick, Shawnee, Wyandotte					
http://www.countyhealthrankings.org , released 2021					

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.

Note: Each Tab has been trended to reflect County trends to NORM.

Health Indicators - Secondary Research
TAB 1. Demographic Profile
TAB 2. Economic Profile
TAB 3. Educational Profile
TAB 4. Maternal and Infant Health Profile
TAB 5. Hospital / Provider Profile
TAB 6. Behavioral / Mental Health Profile
TAB 7. High-Risk Indicators & Factors
TAB 8. Uninsured Profile
TAB 9. Mortality Profile
TAB 10. Preventative Quality Measures

Tab 1: Demographic Profile

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

Tab	Demographic - Health Indicators	Johnson Co.	Trend	State of KS	Big KS Rural Norm (N=12)	Source
1	a Population estimates, July 1, 2019, (V2019)	602,401		2,913,314	165,596	People Quick Facts
	b Population, percent change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	10.7%		2.1%	2.9%	People Quick Facts
	c Population per square mile, 2010 (V2019)	1,149.6		34.9	314.5	Geography Quick Facts
	d Persons under 5 years, percent, 2019, (V2019)	6.2%		6.4%	6.3%	People Quick Facts
	e Persons 65 years and over, percent, 2019, (V2019)	15.0%		16.3%	15.1%	People Quick Facts
	f Female persons, percent, 2019, (V2019)	50.9%		50.2%	49.6%	People Quick Facts
	g White alone, percent, 2019, (V2019)	86.6%		86.3%	85.7%	People Quick Facts
	h Black or African American alone, percent, 2019, (V2019)	4.9%		6.1%	6.8%	People Quick Facts
	i Hispanic or Latino, percent, 2019, (V2019)	7.9%		12.2%	14.3%	People Quick Facts
	j Language other than English spoken at home, percent of persons age 5 years+, 2015-2019	11.9%		11.9%	13.5%	People Quick Facts
	k Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	84.3%		83.8%	81.6%	People Quick Facts
	l Children in single-parent households, percent, 2014-2018	20.7%		29.0%	29.8%	County Health Rankings
	m Total Veterans, 2015-2019	4,869		176,444	3662	People Quick Facts

Tab 2: Economic Profile

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

Tab	Economic - Health Indicators	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
2	a Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$32,281		\$31,814	\$29,017	People Quick Facts
	b Persons in poverty, percent, 2019 (V2019)	5.3%		11.4%	12.7%	People Quick Facts
	c Total Housing units, July 1, 2019, (V2019)	248,495		1,288,401	69,996	People Quick Facts
	d Total Persons per household, 2015-2019	2.4		2.5	2.4	People Quick Facts
	e Severe housing problems, percent, 2013-2017	10.9%		13.0%	14.9%	County Health Rankings
	f Total of All firms, 2012	56,873		239,118	13,296	Business Quick Facts
	g Unemployment, percent, 2018	2.9%		3.4%	3.3%	County Health Rankings
	h Food insecurity, percent, 2018	10.2%		13.0%	13.2%	County Health Rankings
	i Limited access to healthy foods, percent, 2015	2.4%		8.0%	8.9%	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, 2015-2019	23.4%		21.0%	18.6%	County Health Rankings

Tab 3: Educational Profile

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

Tab	Educative - Health Indicator	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
3	a Children eligible for free or reduced price lunch, percent, 2018-2019	23.7%		48.0%	47.1%	County Health Rankings
	b High school graduate or higher, percent of persons age 25 years+, 2015-2019	95.4%		91.0%	91.0%	People Quick Facts
	c Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	49.6%		33.4%	25.2%	People Quick Facts

#	2021 School Health Indicators	Gardner	Olathe	Spring Hill
1	Total # Public School Nurses	12	66	8
2	School Nurse is part of the IEP team	Yes	Yes	Yes
3	School Wellness Plan in place (Active)	Yes	Yes	Yes
4	VISION: # Screened / Referred to Prof / Seen by Professional	3,000	18,402/1156/736 (base on 2018-19 data due to variance in typical practice due to COVID)	830/48/48
5	HEARING: # Screened / Referred to Prof / Seen by Professional	3,000	16,155/562/402 (based on 2018-19 data due to variance in typical practice due to COVID)	581/10/10
6	ORAL HEALTH: # Screened / Referred to Prof / Seen by Professional	1,500	2542 screened	N/A
7	SCOLIOSIS: # Screened / Referred to Prof / Seen by Professional	N/A	N/A	N/A
8	# of Students served with no identified chronic health concerns	5,000	12,737 out of this year's enrollment of 29,466 do NOT have a record of health concerns	2,214
9	School has a suicide prevention program	Yes	Yes	Yes
10	Compliance on required vaccinations (%)	98%	99%	98%

Tab 4: Maternal / Infant Profile

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

Tab	Maternal/Infant - Health Indicators	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
4	a Percent of Births Where Prenatal Care began in First Trimester, 2017-2019	88.0%		81.0%	80.4%	Kansas Health Matters
	b Percentage of Premature Births, 2017-2019	8.9%		9.7%	9.9%	Kansas Health Matters
	c Percent of Infants up to 24 months that received full Immunizations, 2017-2019	76.7%		71.1%	71.8%	Kansas Health Matters
	d Percent of Births with Low Birth Weight, 2017-2019	6.8%		7.5%	7.7%	Kansas Health Matters
	e Percent of WIC Mothers Breastfeeding Exclusively, percent, 2018	15.7%		14.1%	14.8%	Kansas Health Matters
	f Percent of all Births Occurring to Teens (15-19), 2017-2019	1.9%		5.5%	5.6%	Kansas Health Matters
	g Percent of births Where Mother Smoked During Pregnancy, 2017-2019	2.6%		9.4%	9.8%	Kansas Health Matters

Tab 4: Maternal / Infant Profile (Continued)

#	Criteria - Vital Statistics	Johnson Co. (KS)	Trend	Kansas	Big KS Norm (N=12)
a	Total Live Births, 2015	7,528		39,126	2,204
b	Total Live Births, 2016	7,350		38,048	2,151
c	Total Live Births, 2017	7,207		36,464	2,064
d	Total Live Births, 2018	7,133		36,268	2,045
e	Total Live Births, 2019	6,949		35,395	2,005
f	Total Live Births, 2015- 2019 - 5 year Rate (%)	12.2%		12.7%	12.6%

Tab 5: Hospitalization and Provider Profile

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

Tab	Hospital/Provider - Health Indicator	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
5	a Primary care physicians (Pop Coverage per) (No extenders incl.), 2017	815:1		1295:1	2804:1	County Health Rankings
	b Preventable hospital rate per 100,000, 2018 (lower the better)	3,790		4024	3,938	County Health Rankings
	c Patients Who Gave Their Hospital a Rating of 9 or 10 on a Scale from 0 (Lowest) to 10 (Highest)	76%		78.0%	72.1%	CMS Hospital Compare, Latest Release
	d Patients Who Reported Yes, They Would Definitely Recommend the Hospital	74%		78.0%	70.4%	CMS Hospital Compare, Latest Release
	e Average (Median) time patients spent in the emergency department, before leaving from the visit (mins)	156.0		112.0	137.5	CMS Hospital Compare, Latest Release

#	KS Hospital Assoc PO103	Total Johnson Co (KS) - Inpatients		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	57,893	58,225	55,120
2	Total IP Discharges-Age 0-17 Ped	3,966	3,961	3,502
3	Total IP Discharges-Age 18-44	4,829	4,799	4,744
4	Total IP Discharges-Age 45-64	10,281	10,135	9,567
5	Total IP Discharges-Age 65-74	8,688	9,801	8,292
6	Total IP Discharges-Age 75+	12,986	13,470	12,207
7	Psychiatric	4,093	4,057	4,061
8	Obstetric	7,422	7,284	7,209
9	Surgical %	25.5%	26.0%	25.8%
#	KS Hospital Assoc PO103	OMC Only		
		FFY2018	FFY2019	FFY2020
1	Total Discharges	7,867	7,967	7,583
	IP Share - OMC Only	13.6%	13.7%	13.8%
2	Total IP Discharges-Age 0-17 Ped	34	34	29
3	Total IP Discharges-Age 18-44	706	701	725
4	Total IP Discharges-Age 45-64	1,884	1,876	1,696
5	Total IP Discharges-Age 65-74	1,483	1,457	1,368
6	Total IP Discharges-Age 75+	1,845	1,971	1,835
7	Psychiatric	66	84	79
8	Obstetric	939	936	960
9	Surgical %	26.7%	27.9%	26.5%
#	Kansas Hospital Assoc OP TOT223E	FFY2018	FFY2019	FFY2020
1	OMC ER Visits -Olathe Zips Only	16,352	15,301	13,618
1	OP SRG Visits - Olathe Zips Only	8,473	9,416	9,103
2	TOT OP Visits - Olathe Zips Only	71,060	71,478	66,749

Tab 6: Behavioral / Mental Profile

Behavioral healthcare provides another important indicator of community health status.

Tab	Mental - Health Indicator	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
6	a Depression: Medicare Population, percent, 2018	19.0%		19.8%	21.0%	Kansas Health Matters
	b Age-adjusted Suicide Mortality Rate per 100,000 population, 2017-2019 (lower is better)	16.3		18.7	18.0	Kansas Health Matters
	c Mental Behavioral Hospital Admission Rates per 100,000, 2017-2019	68.9		70.8	75.7	Kansas Health Matters
	k Percent of Medicare Part D Beneficiaries Receiving Opioids Supply >10 Days, 2017	31.3%		37.8%	37.9%	Kansas Health Matters
	d Average Number of mentally unhealthy days, 2018	2.9		3.7	3.6	County Health Rankings

Tab 7a: Risk Indicators & Factors Profile

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

Tab	High-Risk - Health Indicator	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
7a	a Adult obesity, percent, 2017	27.1%		33.0%	33.2%	County Health Rankings
	b Adult smoking, percent, 2018	10.6%		17.0%	16.5%	County Health Rankings
	c Excessive drinking, percent, 2018	21.3%		19.0%	18.8%	County Health Rankings
	d Physical inactivity, percent, 2017	17.5%		25.0%	24.7%	County Health Rankings
	e # of Physically unhealthy days, 2018	2.5		3.6	3.5	County Health Rankings
	f Sexually transmitted infections (chlamydia), rate per 100,000 - 2018	340.8		13,554	583.0	County Health Rankings

Tab 7b: Chronic Risk Profile

Tab	Chronic - Health Indicator	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
7b	a Hypertension: Medicare Population, 2018	53.6%	Yellow	55.9%	56.6%	Kansas Health Matters
	b Hyperlipidemia: Medicare Population, 2018	49.5%	Red	43.9%	45.9%	Kansas Health Matters
	c Heart Failure: Medicare Population, 2018	11.1%	Yellow	13.5%	12.9%	Kansas Health Matters
	d Chronic Kidney Disease: Medicare Pop, 2018	20.9%	Yellow	22.5%	23.8%	Kansas Health Matters
	e COPD: Medicare Population, 2018	8.3%	Yellow	11.9%	12.1%	Kansas Health Matters
	f Atrial Fibrillation: Medicare Population, 2018	9.5%	Red	8.8%	8.6%	Kansas Health Matters
	g Cancer: Medicare Population, 2018	9.4%	Red	8.1%	8.4%	Kansas Health Matters
	h Osteoporosis: Medicare Population, 2018	7.8%	Red	6.1%	6.8%	Kansas Health Matters
	i Asthma: Medicare Population, 2018	4.6%	Yellow	4.3%	4.6%	Kansas Health Matters
	j Stroke: Medicare Population, 2018	3.3%	Yellow	3.1%	3.4%	Kansas Health Matters

Tab 8 Uninsured Profile and Community Benefit

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	Coverage - Health Indicator	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
8	a Uninsured, percent, 2019	7.2%	Yellow	10.0%	13.0%	County Health Rankings

#	Charity Care - Olathe Medical Center	YR 2018	YR 2019	YR 2020
1	Charity Care and Means-Tested Gov Programs	\$7,128,039	\$8,723,763	\$9,106,820
2	Subsidized Health Services	\$1,605,835	\$1,715,469	\$1,612,264
3	Health Professional ED	\$1,007,380	\$848,695	\$738,320
4	General Community support	\$767,196	\$741,817	\$626,642

Tab 9: Mortality Profile

The leading causes of county deaths from Vital Statistics are listed below.

Tab	Mortality - Health Indicator	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
9	a Life Expectancy, 2016 - 2018	82.1		78.5	78.8	Kansas Health Matters
	b Age-adjusted Cancer Mortality Rate per 100,000 population, 2016-2018 (lower is better)	144.8		155.3	156.9	Kansas Health Matters
	c Age-adjusted Heart Disease Mortality Rate per 100,000 population, 2016-2018 (lower is better)	115.7		156.7	148.4	Kansas Health Matters
	d Age-adjusted Chronic Lower Respiratory Dis Mortality Rate per 100,000, 2017-2019 (Lower is better)	30.3		49.7	48.7	Kansas Health Matters
	e Alcohol-impaired driving deaths, percent, 2015-2019	24.4%		21.9%	24.6%	County Health Rankings
	f Total # Deaths involving COVID-19 if released, 2021	540		3575	152.4	NY Times

Causes of Death by County of Residence, KS 2016	Johnson Co. KS	%	Trend	Kansas	%
TOTAL	4,252			27,312	
Hypertensive Renal Disease	971	22.8%		3,603	13.2%
Cancer	958	22.5%		5,537	20.3%
Heart disease	881	20.7%		5,520	20.2%
Chronic lower respiratory diseases	542	12.7%		1,774	6.5%
Other causes	506	11.9%		6,058	22.2%
Suicide	311	7.3%		3,085	11.3%
Chronic liver disease and cirrhosis	203	4.8%		398	1.5%
Residual Infections and Parasitic Diseases	202	4.8%		514	1.9%
Pregnancy complications	177	4.2%		49	0.2%
Cancer of the Trachea, Bronchus, and Lungs	177	4.2%		1,180	4.3%
Ischemic Heart Disease	165	3.9%		53	0.2%

Tab 10: Preventive Quality Measures Profile

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

Tab	Preventative - Health Indicator	Johnson Co.	Trend	State of KS	NE Rural Norm (N=16)	Source
10	a Access to exercise opportunities, percent, 2019	94.6%		76.0%	83.9%	County Health Rankings
	b Adults with diabetes, monitoring, percent, 2017	7.7%		86.0%	9.4%	County Health Rankings
	c Mammography annual screening, percent, 2018	50.0%		63.0%	46.9%	County Health Rankings
	d Percent Annual Check-Up Visit with PCP	TBD		TBD	TBD	TBD
	e Percent Annual Check-Up Visit with Dentist	TBD		TBD	TBD	TBD
	f Percent Annual Check-Up Visit with Eye Doctor	TBD		TBD	TBD	TBD

PSA Primary Research:

For each CHNA Wave # 4 evaluation, a community stakeholder survey has been created and administered to collect “current” healthcare information for Johnson Co. KS.

Chart #1 – Johnson County, KS Online / Paper Feedback Response: Stakeholders (N=94) Residents (N=124)

OMC Primary Service Area - CHNA Wave #4			
For reporting purposes... your role / involvement	OMC Stakeholders N=94	Trend	Rural Norms N=2661
Business / Merchant	8.7%	Green	8.1%
Community Board Member	4.3%	Yellow	6.2%
Case Manager / Discharge Planner	0.0%	White	0.5%
Clergy	1.4%	White	0.9%
College / University	8.7%	Green	3.6%
Consumer Advocate	0.0%	White	1.2%
Dentist / Eye Doctor / Chiropractor	0.0%	White	0.4%
Elected Official - City/County	0.0%	White	1.9%
EMS / Emergency	2.9%	Green	2.0%
Farmer / Rancher	0.0%	White	6.2%
Hospital / Health Dept	8.7%	Green	16.7%
Housing / Builder	0.0%	White	0.6%
Insurance	1.4%	White	0.8%
Labor	0.0%	White	2.0%
Law Enforcement	0.0%	White	0.6%
Mental Health	1.4%	White	1.0%
Other Health Professional	11.6%	Green	9.6%
Parent / Caregiver	13.0%	Green	14.9%
Pharmacy / Clinic	0.0%	White	1.6%
Media (Paper/TV/Radio)	0.0%	White	0.3%
Senior Care	4.3%	Yellow	3.1%
Teacher / School Admin	8.7%	Green	7.7%
Veteran	1.4%	White	2.5%
Other (please specify)	23.2%	White	7.4%
TOTAL	69		2,318
KS Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn			

Chart #2 - Quality of Healthcare Delivery Community Rating

OMC Primary Service Area - CHNA Wave #4					
How would you rate the "Overall Quality" of healthcare delivery in our community?	Olathe Health N=218	OMC Stakeholders N=94	OMC Residents N=124	Stake Trend	Rural Norms N=2661
Top Box %	42.0%	38.7%	44.5%		33.0%
Top 2 Boxes %	84.9%	79.6%	89.1%		77.1%
Very Good	42.0%	38.7%	44.5%		33.0%
Good	42.9%	40.9%	44.5%		44.1%
Average	10.8%	15.1%	7.6%		18.4%
Poor	2.8%	4.3%	1.7%		3.3%
Very Poor	1.4%	1.1%	1.7%		1.1%
Valid N	212	93	119		2,819
KS Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn					

Chart #3 – Overall Community Health Quality Trend

OMC Primary Service Area - CHNA Wave #4			
When considering "overall community health quality", is it ...	OMC Stakeholders N=94	Trend	Rural Norms N=2661
Increasing - moving up	38.8%		48.3%
Not really changing much	51.3%		44.8%
Decreasing - slipping	10.0%		6.8%
Valid N	80		2365
KS Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn			

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

OMC PSA - CHNA Wave #4		Ongoing Problem		Pressing
Past CHNAs Unmet Needs identified		OMC Stakeholders N=94		OMC Stakeholders N=94
Rank	Ongoing Problem	Votes	%	RANK
1	Affordable Health Insurance	37	14.3%	2
2	Access to Affordable Care	34	13.2%	1
3	Mental Health Services	33	12.8%	3
4	Affordable Senior Living	23	8.9%	4
5	Preventative Health / Wellness	17	6.6%	5
6	Transportation	17	6.6%	9
7	Suicide Prevention	16	6.2%	6
8	Culturally Competent Providers/Services	14	5.4%	10
9	Exercise/Fitness Services	14	5.4%	13
10	Substance Abuse	14	5.4%	8
11	Nutrition - Healthy Food Options	12	4.7%	11
12	Lack of Healthcare Providers/Qualified Staff	11	4.3%	7
13	Chronic Care Management	8	3.1%	12
14	Diagnostics/Screenings	8	3.1%	14
TOTALS		258		

Chart #5 - Community Health Needs Assessment "Causes of Poor Health"

OMC Primary Service Area - CHNA Wave #4			
In your opinion, what are the root causes of "poor health" in our community?	OMC Stakeholders N=94	Stake Trend	Rural Norms N=2661
Lack of health insurance	20.0%	Red	11.4%
Limited Access to Mental Health Assistance	15.8%	Red	15.6%
Neglect	9.7%	Red	8.5%
Lack of health & Wellness Education	14.5%	Red	10.8%
Chronic Disease Prevention	8.5%	Yellow	7.7%
Family Assistance Programs	3.0%	White	5.5%
Lack of Nutrition / Exercise Services	9.7%	Red	10.2%
Limited Access to Specialty Care	5.5%	Yellow	6.6%
Other (please specify)	5.5%	Yellow	2.3%
Limited Access to Primary Care	7.9%	Yellow	4.4%
Total Votes	165		3,899

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

OMC - CHNA Wave #4	Olathe Health N=218	OMC Stakeholders N=94		OMC Residents N=124		Stake Trend	Rural Norms N=2661	
	Bottom 2 boxes	Top 2 Boxes	Bottom 2 Boxes	Top 2 boxes	Bottom 2 boxes		Top 2 boxes	Bottom 2 boxes
Ambulance Services	2.5%	91.4%	0.0%	91.1%	4.0%	Green	88.5%	2.2%
Child Care	4.4%	70.9%	3.6%	77.8%	4.9%	Green	44.9%	15.0%
Chiropractors	5.0%	77.4%	1.9%	75.9%	6.9%	Yellow	74.4%	4.2%
Dentists	4.2%	83.3%	5.0%	90.7%	3.7%	Green	79.8%	5.4%
Emergency Room	6.9%	76.3%	8.5%	84.2%	6.1%	Yellow	75.7%	8.2%
Eye Doctor/Optomtrist	3.6%	83.3%	3.3%	89.9%	3.7%	Green	79.4%	6.1%
Family Planning Services	6.1%	74.1%	3.7%	61.0%	7.8%	Yellow	43.3%	14.8%
Home Health	5.8%	66.1%	3.6%	72.3%	7.2%	Yellow	53.3%	8.9%
Hospice	3.0%	80.4%	3.6%	82.3%	2.5%	Green	63.3%	8.0%
Telehealth	3.0%	64.9%	3.5%	71.1%	2.6%	Green	54.9%	9.1%
Inpatient Services	3.9%	80.7%	5.3%	84.2%	3.2%	Green	82.9%	4.2%
Mental Health	21.6%	35.1%	31.6%	59.8%	14.6%	Red	33.8%	30.9%
Nursing Home/Senior Living	6.5%	58.9%	7.1%	66.3%	6.0%	Yellow	67.3%	9.0%
Outpatient Services	3.8%	75.9%	5.2%	85.3%	2.9%	Green	79.1%	3.7%
Pharmacy	1.8%	82.1%	3.6%	91.2%	0.9%	Green	87.9%	2.5%
Primary Care	4.1%	82.8%	10.3%	86.7%	0.9%	Green	81.7%	4.4%
Public Health	12.0%	54.5%	18.2%	67.8%	8.0%	Yellow	68.0%	7.2%
School Health	4.5%	69.1%	9.1%	73.1%	1.3%	Green	69.3%	5.9%
Visiting Specialists	9.0%	61.5%	9.6%	72.0%	8.5%	Yellow	67.8%	8.9%
Walk- In Clinic	7.1%	71.9%	8.8%	83.7%	6.1%	Yellow	57.9%	19.8%

KS Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn

Chart #7 – Community Health Readiness

OMC Primary Service Area - CHNA Wave #4			
Community Health Readiness is vital. How would you rate each of the following? (% Poor / Very Poor)	OMC Stakeholders N=94	Stake Trend	Rural Norms N=2661
Behavioral / Mental Health	33.9%	Red	28.8%
Emergency Preparedness	10.9%	Yellow	7.3%
Food and Nutrition Services/Education	19.6%	Red	14.4%
Health Screenings (asthma, hearing, vision, scoliosis)	14.3%	Yellow	9.6%
Prenatal/Child Health Programs	5.7%	Yellow	8.6%
Substance Use/Prevention	18.9%	Red	31.5%
Suicide Prevention	18.5%	Red	32.5%
Violence Prevention	17.3%	Red	29.0%
Women's Wellness Programs	5.7%	Yellow	14.5%
KS Norms: Ellis, Pawnee, Gove, Thomas, Sheridan, Kiowa, Pratt, Nemaha, Johnson, Miami, Linn			

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

OMC Primary Service Area - CHNA Wave #4				
In the past 2 years, did you or someone you know receive HC outside of our community?	OMC Stakeholders N=94	OMC Residents N=124	Stake Trend	Rural Norms N=2661
Yes	61.4%	47.5%	Green	68.8%
No	38.6%	52.5%		30.4%
I don't know	0.0%	0.0%		0.8%
Valid N	57	120		1,788

Specialties:

Specialty	Total
PRIM	10
DENT	3
SERV	2
SPEC	2

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

OMC Primary Service Area - CHNA Wave #4					
Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?	Olathe Health N=218	OMC Stakeholders N=94	OMC Residents N=124	Stake Trend	Rural Norms N=2661
Yes	76.3%	54.5%	86.8%		64.7%
No	23.7%	45.5%	13.2%	Red	35.3%
Valid N	169	55	114		1622

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

OMC Primary Service Area - CHNA Wave #4					
What needs to be discussed further at our CHNA Town Hall meeting?	Olathe Health N=218	Trend Both	OMC Stakeholders N=94	OMC Residents N=124	Rural Norms N=2661
Abuse/Violence	5.1%	Red	3.9%	5.5%	4.3%
Alcohol	3.8%	Yellow	2.0%	4.5%	4.9%
Alternative Medicine	2.5%	Yellow	3.1%	2.2%	3.5%
Breast Feeding Friendly Workplace	1.1%	White	0.4%	1.3%	1.2%
Cancer	2.7%	Yellow	1.2%	3.3%	2.7%
Care Coordination	3.2%	Yellow	5.9%	2.2%	2.6%
Diabetes	4.1%	Red	2.3%	4.8%	2.7%
Drugs/Substance Abuse	4.1%	Red	3.1%	4.5%	6.0%
Family Planning	1.4%	White	0.8%	1.6%	1.6%
Heart Disease	3.2%	Yellow	1.6%	3.9%	2.0%
Lack of Providers/Qualified Staff	1.7%	White	2.7%	1.3%	3.7%
Lead Exposure	0.4%	White	0.0%	0.6%	0.4%
Mental Illness	8.5%	Red	11.3%	7.4%	9.1%
Neglect	1.8%	White	0.8%	2.2%	2.3%
Nutrition	5.8%	Red	6.3%	5.6%	4.3%
Obesity	7.1%	Red	5.9%	7.6%	6.2%
Occupational Medicine	0.8%	White	0.0%	1.0%	0.6%
Ozone (Air)	0.9%	White	0.4%	1.0%	0.8%
Physical Exercise	4.4%	Red	2.7%	5.1%	4.3%
Poverty	5.6%	White	7.0%	5.1%	4.6%
Preventative Health / Wellness	6.7%	Red	9.4%	5.6%	5.0%
Respiratory Disease	0.0%	White	0.0%	0.0%	0.1%
Sexually Transmitted Diseases	1.2%	White	0.8%	1.3%	1.2%
Smoke-Free Workplace	0.0%	White	0.0%	0.0%	0.1%
Suicide	5.6%	Red	7.8%	4.8%	6.9%
Teen Pregnancy	2.2%	White	2.0%	2.2%	1.8%
Telehealth	1.9%	White	3.1%	1.5%	2.4%
Tobacco Use	1.7%	White	0.8%	2.1%	2.3%
Transporation	2.4%	White	3.5%	1.9%	2.2%
Vaccinations	4.1%	Red	4.7%	3.9%	3.6%
Water Quality	1.7%	White	0.4%	2.2%	2.0%
Health Literacy	3.3%	Yellow	4.3%	3.0%	2.9%
Other (please specify)	1.1%	White	2.0%	0.7%	1.7%
TOTAL Votes	929		256	673	7,658

Additional Primary Research: PSA Residents

For 2021 CHNA Wave # 4 research, a resident paper survey was also administered (mailed) to 3000 randomly selected households living in OMC's PSA zips 66061, 66062, 66030 and 66083. Below are CHNA resident findings:

Resident CHNA Wave #4 Community Feedback 2021 -Service Area			
Part II: Your Health Practices			
Q9	In general, how would you best describe your health? (Choose One)	OMC PSA N=124	%
a	Very Good	20	16.7%
b	Good	72	60.0%
c	Fair	27	22.5%
d	Poor	1	0.8%
e	Very Poor	0	0.0%
	Total Replies	120	100.0%
Q10	Compared to a year ago, how would you rate your overall health in general now?	OMC PSA N=124	%
a	Much better than a year ago	15	12.6%
b	About the same	94	79.0%
c	Much worse than a year ago	10	8.4%
	Total Replies	119	100.0%
Q11	Do you see a provider on a yearly basis?	OMC PSA N=124	%
a	Yes	112	93.3%
b	No	8	6.7%
	Total Replies	120	100.0%

Resident CHNA Wave #4 Community Feedback 2021 -Service Area				
Part II: Your Health Practices (Con't)				
Q12	Do you follow these health practices . . .? (% Yes)	OMC PSA N=124	%	N
a	If over 50, have you had a colonoscopy?	88	87.1%	101
b	If male over 50, do you have annual prostate exam?	53	82.8%	64
c	If female over 40, do you have an annual mammogram?	41	77.4%	53
d	If female, do you have a pap smear every other year?	31	58.5%	53
e	Do you get 2.5 hours a week of moderately intense physical activity?	77	67.5%	114
Q13	Please complete sentence below. (% Yes) Are you	OMC PSA N=124	%	N
a	Eating Right (Daily5+servings-fruits/veg/wheat)	86	71.7%	120
b	Using tobacco products weekly	15	12.5%	120
c	Consuming alcohol (more than 1 drink daily)	32	26.7%	120
d	Receiving an annual flu shot	102	85.0%	120
e	Up to date on vaccinations	107	90.7%	118
Q14	Please complete sentence below (% No). Are you concerned about ?	OMC PSA N=124	%	N
a	Being Homeless	3	2.6%	117
b	Paying Utility Bills	11	9.4%	117
c	Paying for food	10	8.5%	117
d	Transportation to Health Services	11	9.5%	116
e	Safety in your home	14	12.0%	117

Resident CHNA Wave #4 Community Feedback 2021 -Service Area			
Part III: A Little More About You			
Q15	Your age ?	OMC PSA N=124	%
a	Under 18	0	0.0%
b	18-44	11	9.1%
c	45-64	39	32.2%
d	65-74	44	36.4%
e	Over 75	27	22.3%
	Total Replies	121	100.0%
Q16	Your gender?	OMC PSA N=124	%
a	Male	59	51.3%
b	Female	56	48.7%
	Total Replies	115	100.0%
Q17	How would you identify yourself?	OMC PSA N=124	%
a	Caucasian / White American	113	95.0%
b	African American / Black American	1	0.8%
c	Latino / Hispanic American	2	1.7%
d	American Indian / Native Alaskan	1	0.8%
e	Asian American / Pacific Islander	2	1.7%
f	Multicultural / Multiracial	0	0.0%
	Total Replies	119	100.0%
Q18	How would you describe your household?	OMC PSA N=124	%
a	Single	22	22.2%
b	Married	36	36.4%
c	Married with Children at Home	18	18.2%
d	Married with Children no longer Home	27	27.3%
e	Divorced	7	7.1%
f	Widower	9	9.1%
g	Other	2	2.0%
	Total Replies	99	100.0%
Q19	Regarding your health insurance coverage... What type of health coverage is your primary plan?	OMC PSA N=124	%
a	Private Insurance you purchased	15	14.2%
b	Medicare	53	50.0%
c	Medicaid	0	0.0%
d	Covered by Employer (employer pays total cost)	5	4.7%
e	Covered by Employer (you & employer share cost)	45	42.5%
f	No Coverage (Uninsured)	0	0.0%
g	Other (please specify)	3	2.8%
	Total Replies	106	100.0%
Q20	What is your home ZIP code? OMC PSA	OMC PSA N=124	%
a	Olathe 66061	48	39.7%
b	Olathe 66062	48	39.7%
c	Gardner 66030	14	11.6%
d	Spring Hill 66083	11	9.1%
	Total Replies	121	100.0%

IV. Inventory of Community Health Resources

[VVV Consultants LLC]

Inventory of Health Services 2021 - OMC Primary Service Area				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
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	Yes
Hosp	Burn Care			
Hosp	Cardiac Rehabilitation	Yes		
Hosp	Cardiac Surgery	Yes		
Hosp	Cardiology Services	Yes		
Hosp	Case Management	Yes	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	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 Catheterization	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		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	Yes		
Hosp	Oncology Services	Yes		
Hosp	Orthopedic Services	Yes		
Hosp	Outpatient Surgery	Yes		
Hosp	Pain Management	Yes		
Hosp	Palliative Care Program	Yes		
Hosp	Pediatric	Yes		
Hosp	Physical Rehabilitation	Yes		
Hosp	Positron Emission Tomography (PET)			

Inventory of Health Services 2021 - OMC Primary Service Area				
Cat	Healthcare Services Offered in County: Yes / No	Hospital	Health Dept	Other
Hosp	Positron Emission Tomography/CT (PET/CT)	Yes		
Hosp	Psychiatric Services	Yes		Yes
Hosp	Radiology, Diagnostic	Yes		
Hosp	Radiology, Therapeutic	Yes		
Hosp	Reproductive Health	Yes	Yes	
Hosp	Robotic Surgery	Yes		
Hosp	Shaped Beam Radiation System 161	Yes		
Hosp	Single Photon Emission Computerized Tomography (SPECT)			
Hosp	Sleep Center	Yes		
Hosp	Social Work Services	Yes	Yes	Yes
Hosp	Sports Medicine	Yes		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	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		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		Yes
SERV	Teen Outreach Services		Yes	Yes
SERV	Tobacco Treatment / Cessation Program	Yes	Yes	
SERV	Transportation to Health Facilities			
SERV	Wellness Program	Yes	Yes	

Area Providers Delivering Care in OMC PSA - 2021			
FTE Providers Working in County	PSA Based	Olathe Medical Center **	
		MD / DO	PA / NP
Primary Care:			
Family Practice	53.2	40.0	27.0
Internal Medicine / Geriatrician	13.4	10.0	2.0
Obstetrics/Gynecology	14.6	11.0	1.0
Pediatrics	10.9	14.0	0.0
Internal Med/Peds	0.0	4.0	1.0
Medicine Specialists:			
Allergy / Immunology	3.0	1.0	0.0
Cardiology	32.0	11.0	9.0
Dermatology	5.0	4.0	0.0
Endocrinology	2.0	1.0	1.0
Gastroenterology	4.3	4.0	2.0
Oncology / Radiology	2.0	8.0	1.0
Infectious Diseases	0.0	3.0	1.0
Nephrology	2.5	6.0	0.0
Neurology	3.0	4.0	1.0
Psychiatry	1.0	5.0	0.0
Pulmonary	7.4	7.0	2.0
Rheumatology	0.0	0.0	0.0
Surgery Specialists:			
General Surgery / Colon / Oral	7.8	6.0	4.0
Neurosurgery	0.9	1.0	2.0
Ophthalmology	4.1	7.0	0.0
Orthopedics	6.5	19.0	13.0
Otolaryngology	4.8	4.0	0.0
Plastic / Reconstructive	3.5	4.0	0.0
Thoracic / Cardiovascular / Vasc	2.0	1.0	2.0
Urology	6.5	9.0	0.0
Hospital Based:			
Anesthesia / Pain (CRNA's included)	2.0	11.0	16.0
Emergency	0.0	12.0	6.0
Radiology	0.0	32.0	0.0
Pathology	0.0	12.0	0.0
Hospitalist	0.0	20.0	6.0
Neonatal / Perinatal	0.0	14.0	18.0
Physical Medicine / Rehab	0.0	2.0	0.0
Occ Medicine	0.0	0.0	1.0
Podiatry	3.5	3.0	0.0
Chiropractor		0.0	0.0
Optometrist		0.0	0.0
Dentist		2.0	0.0
TOTALS	195.9	292.0	116.0

*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 2021**

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).

Emergency Numbers

Kansas Child/Adult Abuse and Neglect Hotline
800-922-5330
www.dcf.ks.gov/pages/HotlineNumbers.aspx

National Domestic Violence Hotline
800-799-7233
www.thehotline.org

Emergency Management (Topeka)
785-291-3333
https://www.kansastag.gov/kdem_default.asp

Federal Bureau of Investigation
800-225-5324
www.fbi.gov

Kansas Arson Hotline
785-296-3401
<https://firemarshal.ks.gov/FormCenter/Investigations-5/Report-an-Arson-Tip-47>

Kansas Bureau of Investigation
785-296-8200
<https://www.kansas.gov/kbi/>

Kansas Crisis Hotline (Domestic Violence and Sexual Assault)
888-363-2287
www.kcsdv.org

Kansas Road Conditions
511
www.kandrive.org

Poison Control
800-222-1222
www.aapcc.org

Suicide Prevention Lifeline
800-273-8255
www.suicidepreventionlifeline.org

Toxic Chemical and Oil Spills
800-424-8802
www.epa.gov/pesticide-incidents/how-report-spills-and-environmental-violations

Hospital Services

Olathe Medical Center
20333 West 151st St,
Olathe, Kansas 66061
913-791-4200
www.olathehealth.org

Dept of Health Services

Johnson County Department of Health and Environment
11875 S. Sunset Drive, Suite 300
Olathe, KS 66061
913 826-1200
<https://www.jocogov.org/dept/health-and-environment/home>

CHIROPRACTORS

Advanced Healthcare & Sports Injury
Kirk J Iodice
801 N. Mur Len Road, Suite 103
Olathe, KS 66062
913-764-2271
<https://www.kchealthandsport.com>

Align Chiropractic for Mommies and Babies
Brandi Benson
Kezia Shine
Casey Shipp
12744 S. Plumm Road
Olathe, KS 66062
913-322-0251
<https://myalign.com>

Arbor Creek Health & Wellness
Darren Boom
401 S. Clairborne Road, #202
Olathe, KS 66062
913-397-6900
<https://activejoco.com>

Brown Chiropractic Clinic for Nutrition
Richard Brown
405 S. Clairborne Road
Olathe, KS 66062
913-829-4909

Chiropractic Lifestyle Center
Cory Koch
2139 E. 151st Street
Olathe, KS 66062
913-768-0000
<https://justadjustme.com>

Complete Care Chiropractic
Devin Morton
784 N. Ridgeview Road
Olathe, KS 66061
913-396-9729
<https://www.completecure-kc.com>

Cook Family Chiropractic
Brian Cook
969 E. Lincoln Lane
Gardner, KS 66030
913-856-0200
<https://cookfamilychiropractic.com>

Decker Chiropractic
George Decker
Ron Sweeney
13025 S. Mur-Len Road, #100
Olathe, KS 66062
913-829-5111
www.deckerchiropractic.com

Fulk Chiropractic
Brenda L. Beaty D.C.
W. Chris Beaty D.C.
Charles Fulk D.C.
Corey Fulk D.C.
Anthony Liperuote D.C.
Sandra Liperuote D.C.
Ron Muirhead D.C.
Jeff Spoonemore D.C.
<https://fulkchiropractic.com>

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, Suite C
Gardner, KS 66030
913-856-4595
<https://drtobi.com/>

Key Dynamics Chiropractic
Amanda Buchanan
153 W. 151st Street, #150
Olathe, KS 66061
913-930-9355
<https://www.keydynamicschiropractic.com>

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

Life Chiropractic and Wellness Center
Fred Clarke
Jeremiah Clarke
13849 S. Mur-Len Road E
Olathe, KS 66062
913-764-7575
<https://www.lifechiropractic-olathe.com>

Wilson Chiropractic
Jeff Wilson
122 E. Park Street
Gardner, KS 66030
913-856-7067
<https://www.jeffwilsonchiro.com>

Miley Chiropractic
Kim Miley
13095 S. Mur-Len Road, #170
Olathe, KS 66062
913-393-2611
<https://www.mileychiro.com>

Miller Chiropractic Health Center
Dennis Miller
13470 S. Arapaho Drive, #150
Olathe, KS 66062
913-782-7260
<https://www.millerchiropractichealth.com>

Mills Chiropractic and Wellness Center
Jere Mills
13795 S. Mur-Len Road, #203A
Olathe, KS 66062
913-764-5900
<https://www.millswellness.com>

Naturally Chiropractic
Aaron Wolfswinkel
11124 S. Lone Elm Road
Olathe, KS 66061
913-381-2525
<https://www.naturallychiropractic.org/dr-aaron-wolfswinkel>

Olathe Chiropractic
Joseph Anderson
Jeremy Landry
16077 South Bradley Drive
Olathe, KS 66062
913-839-8643
www.olathechiropracticclinic.com

Performance Chiropractic
Brett Dworkis
708 S. Rogers Road, #A
Olathe, KS 66062
913-782-5000
<https://www.myperformancechiropractic.com>

ProC.A.R.E.
Molly Scott
Tobi Scott
15211 South Blackbob Road
Olathe, KS 66062
913-393-1303
<https://procarekc.com>

Ridgeview Chiropractic
Craig Koshlap
17775 W. 106th Street, Suite 105
Olathe, KS 66061
913-890-7370
<http://ridgeviewchiropractic.com>

Rockers Chiropractic
Troy Rockers
501 N. Mur-Len Road, Suite A
Olathe, KS 66062
913-254-9495
<https://www.rockerschiropractic.com>

Skinner Chiropractic
Jennifer Skinner
107 South Main Street
Spring Hill, KS 66083
www.skinnerchiropracticllc.com

Spring Hill Chiropractic

Daniel Harding
22450 S. Harrison Street, #101
Spring Hill, KS 66083
913-592-3541
<https://chiropractorspringhill.com>

Williams Chiropractic Clinic

Jimmie Williams III
14101 S. Mur-Len Road
Olathe, KS 66062
913-764-9077
<https://docwilliamskc.com/>

Wilson Chiropractic

Jeff Wilson
122 E. Park Street
Gardner, KS 66030
913-856-7067
<https://www.jeffwilsonchiro.com>

Todd Winters

802 E. Main Street
Gardner, KS 66030
913-856-8135
<https://gardner-kansas-chiropractic.com>

Don Reith

33255 Lexington Avenue
De Soto, KS 66018
913-583-3700
<https://desotokschiro.com>

DENTISTS**Appletree Cosmetic and Family Dentistry**

Philip Farruggia
517 N. Mur-Len Road
Olathe, KS 66062
913-780-4084
<https://www.appletreefamilydental.com>

Arbor Creek Dental

Jason Knag
Theo Daniels
15990 S. Bradley Drive, #102
Olathe, KS 66062
913-390-5300
<https://www.arborcreekdental.com>

Baxter Orthodontics

J. Andrew Baxter
206 E. Main Street
Gardner, KS 66030
913-856-4465
<https://www.baxterorthodontics.com/>

Bucher Family Dentistry

William Bucher
Ryan Bucher
975 N. Mur-Len Road, Suite B
Olathe, KS 66062
913-764-5114
<http://www.bucherdental.com>

Cedar Place Dental

Juliana Harmon
Nickie Perry
304 S. Clairborn Road, #100
Olathe, KS 66062
913-764-6367
<https://cedarplacedental.com>

DeSoto Dental Center

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

E-Care Dentistry

Patrick Lucaci
Allison Manz
15010 South Blackbob Road
Olathe, KS 66062
913-764-1018
<https://ecaredentistry.com>

Einhellig Dentistry

Gloria Einhellig
1807 S. Ridgeview Road
Olathe, KS 66062
913-782-0900

Esthetic Enhancement

Anthony Marengo, Jr.
Jacob Sylvester
16103 W. 135th Street
Olathe, KS 66062
913-829-9222
<https://www.marengodds.com>

Fales Pediatric Dentistry

John Fales
13496 S. Arapaho Drive
Olathe, KS 66062
913-782-2207
<http://www.kidzdentist.com>

Family Dental Care

Douglas Lerner
325 E. Main Street
Gardner, KS 66030
913-856-8721
<http://www.gardnerfamilydentalcare.com>

Family Dental Care of Olathe

Swetha Nagaraju
Madison Reynolds
2001 E. Santa Fe Street
Olathe, KS 66062
913-289-5067
<https://www.familydentalcareofolathe.com>

Five Point Family Dentistry

David Vasquez
10408 S. Ridgeview Road
Olathe, KS 66061
913-390-3555
<https://www.fivepoint.dental>

Fry Orthodontics

Jennifer Rose
Angela Williams
15060 S. Blackbob Road
Olathe, KS 66062
11106 S. Lone Elm Road
Olathe, KS 66061
913-469-9191
<https://fryorthodontics.com/offices/olathe>

Hannah Orthodontics

Richard Hannah
Joseph Hannah
Gretter Hannah
1441 E. 151st Street
Olathe, KS 66062
913-829-2244
<https://hannahbraces.com/locations/olathe>

Health Partnership Clinic

Nader Rastgoftar
407 S. Clairborne Road, #104
Olathe, KS 66062
913-648-2266
<https://hpcks.org/our-services/dental>

Howell Family Dentistry

Mike Howell
14924 South Blackbob Road
Olathe, KS 66062
913-390-0077
<https://www.howellfamilydentistry.com>

Imagine Dental

Eric Mayuga
204 E. Main Street
Gardner, KS 66030
913-856-6171
<http://www.mygardnerdentist.com>

Klein & Walker Orthodontics

Michael Klein
Cameron Walker
975 N. Mur-Len Road, Suite C
Olathe, KS 66061
913-829-4466
<https://www.kleinwalkerorthodontics.com>

Leland Klaassen, PA

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

Lovingood Orthodontics

Thomas Lovingood
1295 E. 151st Street, Suite 1
Olathe, KS 66062
913-782-1663
<https://dr14braces.com/locations/olathe>

Markway & Haworth Gardner Dentists

Jason Haworth
Greg Markway
115 North Moonlight Road
Gardner, KS 66030
913-856-7123
<https://www.gardnerdentists.com>

Nielson Family Dentistry

Donald Nielson
16500 Indian Creek Pkwy, #100
Olathe, KS 66062
913-829-8700
<https://www.nielsonfamilydentistry.com>

Oasis Dentistry

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

Olathe Dental Care Center

Jeffrey Higgins
234 S. Cherry Street
Olathe, KS 66061
913-782-1420
<https://olathedentalcarecenter.com>

Olathe Endodontics

Bart Putnam
16093 W. 135th Street, Suite A
Olathe, KS 66062
913-829-3050
<https://www.olatheendo.com>

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
<https://www.olathepointedental.com>

Oltjen Orthodontics PA

Jay Oltjen
15159 S. Blackbob Rd.
Olathe, KS 66062
913-829-8855
<https://www.oltjenbraces.com>

Oral and Facial Surgery Associates

Trevor Allen
Michael Barber
Kirk Collier
Tyson Marrs
1441 E. 151st Street
Olathe, KS 66062
913-782-1529
<https://www.ofsa-ks.com>

Pediatric and Laser Dentistry

Nick Prater
13095 S. Mur-Len Road, #160
Olathe, KS 66062
913-764-6222
<https://pediatricandlaserdentistry.com>

Phye Family Dentistry PA

Greg Alton
Sara Gasaway
Adrian Gomez
Bryant Phye
Vanessa Phye
401 S. Clairborne Road, Suite A
Olathe, KS 66062
913-782-2231
<http://www.phyefamilydentistry.com>

Rhoades Family Dentistry

Rachel Driscoll
Amy Hahn
13400 S. Blackbob Road
Olathe, KS 66062
913-782-8900
<https://rhoadesdds.com>

Ryan Dental

Randy Regier
William Ryan
Katie Walker
15074 S. Blackbob Road
Olathe, KS 66062
913-318-3388
<https://www.ryandental.com>

Sheldon Dental Group

Michelle Bhaskar
Dan Sheldon
Andrew Sousa
125 E. Park Street
Olathe, KS 66061
913-782-7580
<https://www.sheldondentalolathe.com>

Show Your Grin

Douglas Sjogren
13772 S. Blackbob Road
Olathe, KS 66062
913-469-8019
<https://www.showyourgrin.com/about-us/meet-our-team>

Spring Hill Dental Care

Anthony Line
21900 S. Webster, Suite A
Spring Hill, KS 66083
913-592-2200
<https://www.springhilldentalcare.com>

Spring Hill Family Dentistry

Kurt Echols
22450 S. Harrison Street
Spring Hill, KS 66083
913-592-4149
<https://www.echolsdds.com>

Stroede Orthodontics

Claire Stroede
15990 S. Bradley Drive
Olathe, KS 66062
913-491-3400

22438 S. Harrison Street
Spring Hill, KS 66083
913-491-3400

<https://www.stroedeortho.com>

Sunnybrook Dental

Daniel Bednarczyk
Kayla Hanna
Jeremy Johnston
21645 College Blvd.
Olathe, KS 66061
913-361-5542
<https://sunnybrookdental.com>

Waters Davidson Family Dentistry

Lindsay Davidson
Nevin Waters
751 N. Mur-Len Road, Suite B
Olathe, KS 66062
913-782-1330
<https://watersdavidsonfamilydentistry.com>

Ron Burgmeier

13025 S. Mur-Len Road, #250
Olathe, KS 66062
913-764-1169
<https://www.ronburgmeierdds.com>

Fain Oral Surgery

Douglas Fain
20168 W. 153rd Street
Olathe, KS 66062
913-839-9709
<https://www.fainoralsurgery.com>

Sylvia Spradlin

11132 S. Lone Elm Road
Olathe, KS 66061
913-780-0123
<https://www.olathefamilydental.com>

Jeffrey Walmann

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

HOME HEALTH HOSPICE**Avalon Home Health**

1165 W. Dennis Avenue
Olathe, KS 66061
913-780-9944

Christlove Home Health

401 S. Clairborne Rd., Suite 204
Olathe, KS 66062
913-210-6077
<http://www.christlovehomecare.com>

Heaven Sent Home Care

13914 S. Kaw Street
Olathe, KS 66062
913-390-8758
<https://www.heavensenthomecare.com>

Olathe Health Hospice Care

20920 W. 151st Street, #201
Olathe, KS 66061
913-324-8515
<https://www.olathehealth.org/services-and-specialties/hospice-care/>

Olathe Health Hospice House

15310 S. Marion Street
Olathe, KS 66061
913-324-8588
<https://www.olathehealth.org/locations/hospice-house>

MENTAL HEALTH**A Conscious Peace**

22450 S. Harrison St.
Spring Hill, KS 66083
913-535-9020
<https://www.aconsciouspeace.com/>

Allies Therapeutic Services

21901 Victory Road
Spring Hill, KS 66083
913-357-5381
<https://www.alliestherapy.com/>

Archway Psychotherapy

110 N. Cherry St.
Olathe, KS 66061
<https://www.archwaypsychotherapy.com/>

Attuned Family & Child Therapy

110 S. Cherry St.
Olathe, KS 66061
913-645-9126
<https://www.attunedfamilychild.com/>

Bloom Psychotherapy

13839 S. Mur-Len Road
Olathe, KS 66062
913-274-9920
<https://bloompsychotherapy.clientsecure.me/>

Briscoe-Cooper Counseling

110 S. Cherry St.
Olathe, KS 66061
816-217-1101
<https://www.briscoecoopercounseling.com/>

Brotherton Counseling

11695 S. Black Bob Road
Olathe, KS 66062
913-489-7225
<https://www.brothertoncounseling.com/contact-me>

Building Balance Therapy

130 N. Cherry St.
Olathe, KS 66061
913-308-0313
<https://www.buildingbalancetherapy.com/>

Cadence Counseling

16500 Indian Creek Parkway
Olathe, KS 66062
913-815-0606
<https://cadencecounseling.com/elizabethmcwhorter/Welcome.html>

Choices

405 S. Clairborne Road
Olathe, KS 66062
913-390-0100
<https://www.choiceskc.com/>

Clinical Psychology Practice

503 N. Mur-Len Road
Olathe, KS 66062
913-362-8431

Compassionate Counseling Care

115 S. Sycamore
Gardner, KS 66030
913-208-6972

Cottonwood Springs

13351 S. Arapaho Drive
Olathe, KS 66062
913-353-3000
<https://cottonwoodsprings.com/>

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

Family Counseling of Greater Kansas City

405 Clairborne
Olathe, KS 66062
913-609-1345
<https://www.familycounselingkc.com/>

Full Circle Education – Counseling

11605 S. Burch St.
Olathe, KS 66061
913-310-0101
<http://www.fullcirclecounselingassociates.com/>

Gateway of Hope

801 N. Mur-Len Road, #111
Olathe, KS 66062
913-393-4283
<https://gwhope.org/>

Grow Counseling

513 N. Mur-Len Road
Olathe, KS 66062
816-287-0633
<https://www.sthomasacounseling.com/>

Hall & Associates

450 E. Sante Fe
Olathe, KS 66062
816-977-3178
<https://www.hallmentalhealth.com/>

Healthy Mind Psychotherapy Services

513 N. Mur-Len Road
Olathe, KS 66062
913-676-9855

Hesed Counseling

13839 S. Mur-Len Road
Olathe, KS 66062
913-523-3916
<https://www.hesedcounselors.com/>

Humble Hearts Counseling Services

601 N. Mur-Len Road
Olathe, KS 66062
913-214-2022
<https://www.humbleheartscounseling.com/>

Johnson County Mental Health Center

1125 W. Spruce St.
Olathe, KS 66061
913-715-7700
<https://jocogov.org/dept/mental-health/home>

Kansas City Mental Health Associates

513 N. Mur-Len Road
Olathe, KS 66062
913-648-2512
<https://www.kcmentalhealthassociates.com/>

Kids TLC

Erin Dugan
480 S. Rogers Road
Olathe, KS 66062
913-764-2887
<https://www.kidstlc.org/>

KVC Behavioral Healthcare

Chad Anderson
21350 W. 153rd Street
Olathe, KS 66061
913-322-4900
<https://www.kvc.org/>

Lakemary Center, Inc.

Kirk Davis
15145 S. Keeler Street, #A
Olathe, KS 66062
913-557-4000
<https://lakemary.org/>

Lifeline Counseling Center

405 S. Clairborne Road, #1
Olathe, KS 66062
913-764-5463
<https://lifelinecounselingcenter.org/>

Madison Avenue Psychological

407 S. Clairborne
Olathe, KS 66062
913-393-3333

Nexus Counseling Center

16500 Indian Creek Pkwy, #106
Olathe, KS 66062
913-735-9787
<https://www.nexuscounselingkc.com/contact>

Pathway to Hope

Sharon Lawrenz
520 S. Harrison, #206
Olathe, KS 66061
913-397-8552
<https://pathwaytohope.org/>

Preferred Family Healthcare

1009 Old 56 Highway
Olathe, KS 66061
913-764-7555

<https://pfh.org/>

Professional Association

101 E. Cedar St.
Olathe, KS 66061
913-393-3828
<https://www.professionalassociationphd.com/>

Psychology & Counseling Center

511 N. Mur-Len Road
Olathe, KS 66062
913-764-1194

Renew Counseling Center

11695 S. Blackbob Road
Olathe, KS 66062
913-768-6606
<https://anxietycenterkc.com/>

Resilience Counseling

601 N. Mur-Len Road
Olathe, KS 66062
913-489-7255
<https://www.resilience-counseling.org/>

Rise Up Resiliency Center

601 N. Mur-Len Road
Olathe, KS 66062
913-735-0281
<https://www.riseupresiliencycenter.org/>

Summit Counseling Services

815 S. Clairborne
Olathe, KS 66062
913-530-4736
<https://dsmithlcpcc.com/>

The Counseling Collaborative

100 E. Park St.
Olathe, KS 66061
913-839-3377
<https://www.thecounselingco.com/>

Tree of Life Counseling Center

515 N. Mur-Len Road
Olathe, KS 66062
913-393-1319

Turning The Page

16500 Indian Creek Parkway
Olathe, KS 66062
913-952-6027
<https://turningthepagecounseling.com/>

ViewPoint Mental Health Counseling

14201 S. Mur-Len Road
Olathe, KS 66062
620-428-1014
<http://www.vpmentalhealth.com/>

Julia Ahrens

1125 W. Spruce St.
Olathe, KS 66061
913-782-2100

Sarah Armour
405 S. Clairborne Road
Olathe, KS 66062
816-835-8907

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

Everett Dehaven
109 W. Poplar St.
Olathe, KS 66061
913-393-3828

Greg Ellerman
109 W. Poplar St.
Olathe, KS 66061
913-393-3828

Todd Frye
2030 E. College Way
Olathe, KS 66062
913-626-1387

Gerald Gentry
128 S. Chestnut St.
Olathe, KS 66061
816-374-3838

Taylor Johnson
14201 S. Mur-Len Road
Olathe, KS 66062
913-815-0248

Donald Jones
21350 W. 153rd St.
Olathe, KS 66061
913-499-8120

Natasha Klutts
1715 E. Cedar St.
Olathe, KS 66062
210-325-9823

Lindsey Largen
16500 Indian Creek Pkwy
Olathe, KS 66062
785-524-2005

Cheri McHenry
815 S. Clairbornd Rd.
Olathe, KS 66062
913-620-5801

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

Christina Menager
407 S. Clairborne Road
Olathe, KS 66062
401-616-2077

Danielle Nash
16500 Indian Creek Parkway
Olathe, KS 66062
913-624-9436

Martha Oneal
11741 S. Roundtree St.
Olathe, KS 66061
913-780-1002

Nicole Palmer Counseling
14131 S. Mur-Len Rd.
Olathe, KS 66062
913-308-1001

Rick Presley
12710 S. Pflumm Road
Olathe, KS 66062
913-738-47587

Roxanne Quinn
405 S. Clairborne
Olathe, KS 66062
913-764-5463

Diana Rankin
21350 W. 153rd St.
Olathe, KS 66061
913-322-2400

Arthur Ross
1125 W. Spruce St.
Olathe, KS 66062
913-782-2100

Elisha Sawyer
21350 W. 153rd St.
Olathe, KS 66061
913-322-2400

Todd Schemmel
1707 E. Cedar St.
Olathe, KS 66062
913-206-8236

Andrew Secor
480 S. Rogers Rd.
Olathe, KS 66062
913-324-3813

Jane Sharp
1125 W. Spruce St.
Olathe, KS 66061
913-782-2100

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

Katherine L. Smith
405 S. Clairborne
Olathe, KS 66062
913-764-5463

Krystal Speier
110 N. Cherry St.
Olathe, KS 66061
913-732-2298

James Waddle
115 S. Sycamore St.
Gardner, KS 66030
913-208-6972

Michael Ward
110 N. Cherry St.
Olathe, KS 66061
913-940-2051

Leanne Ware
1715 E. Cedar St.
Olathe, KS 66062

Jeffrey Wilson
527 N. Mur-Len Road
Olathe, KS 66062
913-839-3555

NUTRITIONISTS

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

NCES Health & Nutrition Education
1904 E. 123rd St.
Olathe, KS 66061
913-782-4385
<https://ncescatalog.com/>

Nutrition Werks
Nan Borchardt
21213 W. 113th Place
Olathe, KS 66061
816-757-7507
<http://nutritionwerks.net/>

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

Olathe Nutrition
21510 W. 121st St.
Olathe, KS 66061
913-390-5377

Paula Nyman
11695 S. Black Bob Road
Olathe, KS 66062
913-768-6606

OPTOMETRISTS

Crawford & Weltmer Family Eye Care
Kevin Crawford
Jeff Weltmer
1295 E. 151st Street, #3
Olathe, KS 66062
913-782-4983
<http://crawfordweltmer.com/>

Curts & Reed Optometry
2123 E. 151st St.
Olathe, KS 66062
913-732-2552
<https://www.curtsandreed.com/>

Discover Vision Center
15710 W. 135th Street
Olathe, KS 66062
816-478-1230
www.discovervision.com

Drs. Hawks, Besler & Rogers
L. Gregory Besler
Terry Hawks
Jason Rogers
Jon Stoppel
315 E. Main Street
Gardner, KS 66030
913-856-6360
<https://hbreycare.com/>

Eye Associates of Olathe
Christina Bartimus
John Davis
Andria Demosthenous
Carrie Turley
15257 W. 135th Street
Olathe, KS 66062
913-780-9696
<https://www.seetheclarity.com/location/olathe/>

Eye Associates of South Olathe
Cassie Baker
Andrea Buchbaum
16021 S. Bradley St.
Olathe, KS 66062
913-440-9819
<https://www.seetheclarity.com/location/olathe-new/>

Family Eye Care
Dawn Ertel
Brian McDonald
Joanna Meats
15205 S. Black Bob Road
Olathe, KS 66062
913-390-4900
<https://www.chamberlainmcdonald.com/>

Galbrecht Eyecare
Diane Galbrecht
395 N. K-7 Highway
Olathe, KS 66061
913-764-9300
<https://www.galbrechteyecare.com/>

Gardner Vision Care
Kristin Van Becelaere
1725 E. Santa Fe Street
Gardner, KS 66030
913-884-7316
www.gardnervisioncare.com

Grin Eye Care
21020 W. 151st Street
Olathe, KS 66061
913-829-5511
<https://www.grineyecare.com/>

Hahn Price Vision Center
Melissa Hahn Price
792 N. Ridgeview Road
Olathe, KS 66061
913-839-0084
<https://www.hahnpricevisioncenter.com/>

In Sight Vision Center
Neel Gupta
Neal Troyer
Justine Weigel
11148 S. Lone Elm Road
Olathe, KS 66061
913-945-1852
<https://insightvisioncenters.com/>

Insight Vision Center
Neel Gupta
Neal Troyer
Justin Weigel
967 E. Lincoln Lane
Gardner, KS 66030
913-884-6800
www.insightvisioncenters.com/gardner

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

Midland Eye Care
Dustin Honeyman
Kinsey Honeyman
Cole Smart
1074, 15345 W. 119th St.
Olathe, KS 66062
913-428-7911
<https://www.midlandeyecarekc.com/>

Olathe Eye Care
Paul Brinckman
16124 W. 135th Street
Olathe, KS 66062
913-764-3937
<http://www.olatheeyecare.com/>

Olathe Family Vision
Mary Pirotte Hemphill
Wayne Hemphill
Gerard Lozada
13839 S. Mur-Len Road, #A
Olathe, KS 66062
913-782-5993
<https://www.olathefamilyvision.com/>

Ridgeview Eye Care
Trent Henderson
18208 W. 119th Street
Olathe, KS 66061
913-261-8327
<https://www.ridgevieweyecare.com/>

Ridgeview Eye Care – De Soto
33321 Lexington Ave.
De Soto, KS 66018
913-583-1991
www.ridgevieweyecare.com/

The Eye Doctors Optometrists
Nathan Kluttz
Jeffrey Luthi
Jessica Putnam
Ted Rosentreter
751 N. Mur-Len Road
Olathe, KS 66062
913-764-2020
<https://www.theeyedoctors.net>

The Eye Doctors Optometrists
Jessica Putnam
Edwin Rodriguez
15311 W. 119th Street
Olathe, KS 66062
913-780-3200
<https://www.theeyedoctors.net>

Vision Today
Matt Laurie
Matt Lowenstein
12120 S. Strang Line Road
Olathe, KS 66062
913-397-9111
<https://www.visiontodayeyecare.com/>

Whitesell Optometry
Courtney Bloodgood
William Whitesell
21900 S. Webster, Suite B
Spring Hill, KS 66083
913-592-2020
<https://visionsource-springhill.com/>

OTHER PROVIDERS

Genoa Healthcare
1125 W. Spruce St.
Olathe, KS 66061
913-353-5544
<https://www.genoahealthcare.com/>

Rhythmic Medicine
Janalea Hoffman
10425 W. 177th Terrace
Olathe, KS 66062
913-851-5100
<http://www.rhythmicmedicine.com/>

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
<http://auburnpharmacies.com/olathe-ks/>

Cedar Creek Pharmacy

34040 Commerce Drive
De Soto, KS 66018
913-583-1117
<http://www.cedarcreekpharmacy.org/>

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

15345 W. 119th Street
Olathe, KS 66062
913-393-4420

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

Gardner Home Health Pharmacy

131 E. Main St.
Gardner, KS 66030
913-856-8802
<http://www.gardnerpharmacy.com/>

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

660 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
913-213-1686

Anthology of Olathe Health

101 W. 151st St.
Olathe, KS 66061
913-712-0831

Avonlea Cottage of Olathe

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

Azria Health Olathe

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

Bloom Living

14001 W. 133rd St.
Olathe, KS 66062
913-738-4335

Cedar Lake Village

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

Connect 55+

13350 S. Greenwood St.
Olathe, KS 66062
913-839-2184

College Way Senior Village

1429 E. College Way
Olathe, KS 66062
913-782-7047

Colonial Oaks Senior Living

22550 S. Franklin
Spring Hill, KS 66083
913-686-3170

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

Healthcare Resort of Olathe

21080 W. 151st St.
Olathe, KS 66061
913-390-0444

Hillside Village of DeSoto

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

Homestead of Olathe

751 N. Somerset Terr.
Olathe, KS 66062
913-294-2447

Hoeger House

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

Medicalodges of Gardner

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

Santa Marta

13800 W. 116th Street
Olathe, KS 66062
913-828-4180

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

Spring Hill Care and Rehabilitation Center

251 E. Wilson St.
Spring Hill, KS 66083
913-592-3100

Spring Hill Senior Living

100 E. Lawrence Ave.
Spring Hill, KS 66083
913-592-3291

Valley Springs Senior Apartments

31605 W. 83rd Circle
De Soto, KS 66018
913-858-9998

Villa St. Francis

1660 W. 126th Street
Olathe, KS 66062
913-829-5201

Vintage Park of Gardner

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

V. Detail Exhibits

[VVV Consultants LLC]

a) Patient Origin Source Files

[VVV Consultants LLC]

Inpatient Origin Reports (Continued)



Inpatient Origin by County
 Johnson, KS Residents Treated in KHA Reporting Area
 Federal Fiscal Year: 2019

Hospital Detail by County		Pediatric		Adult Medical/Surgical						Psychiatric		Obstetric		Newborn		Starg %				
		Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%						
AdventHealth Shawnee Mission - Shawnee Mission, KS	1	15,912	27.3%	37	0.2%	961	6.0%	2,272	14.3%	1,865	11.7%	2,992	18.8%	1,537	9.7%	3,143	19.8%	3,114	19.6%	23.5%
The University of Kansas Health System - Kansas City, KS	2	9,138	15.7%	1,259	13.8%	1,082	11.8%	1,955	21.4%	1,541	16.9%	1,496	16.4%	1,416	15.5%	798	8.7%	728	8.0%	25.8%
Overland Park Regional Medical Center - Overland Park, KS	3	8,433	14.5%	209	2.5%	778	9.2%	1,339	15.9%	1,202	14.3%	1,999	23.7%	158	1.9%	1,419	16.8%	1,336	15.8%	23.3%
Olathe Health - Olathe, KS	4	7,967	13.7%	34	0.4%	701	8.8%	1,876	23.5%	1,457	18.3%	1,971	24.7%	84	1.1%	936	11.7%	913	11.5%	27.9%
Menorah Medical Center - Overland Park, KS	5	4,136	7.1%	5	0.1%	326	7.9%	837	20.2%	972	23.5%	1,650	39.9%	42	1.0%	154	3.7%	151	3.7%	37.2%
Saint Luke's South Hospital - Overland Park, KS	6	3,745	6.4%	14	0.4%	227	6.1%	634	16.9%	744	19.9%	1,555	41.5%	34	0.9%	274	7.3%	263	7.0%	23.8%
Saint Luke's Hospital of Kansas City - Kansas City, MO	7	2,549	4.4%	2	0.1%	180	7.1%	503	19.8%	497	19.5%	734	28.8%	7	0.3%	321	12.6%	301	11.8%	36.3%
Children's Mercy Kansas City - Kansas City, MO	8	1,589	2.7%	1,440	90.6%	78	4.9%	0	0.0%	0	0.0%	0	0.0%	13	0.8%	39	2.5%	31	2.0%	24.9%
St. Joseph Medical Center - Kansas City, MO	9	940	1.6%	0	0.0%	45	4.8%	133	14.1%	216	22.9%	522	55.4%	26	2.8%	0	0.0%	0	0.0%	23.9%
Research Medical Center - Kansas City, MO	10	857	1.5%	64	7.5%	87	10.2%	155	18.1%	140	16.3%	150	17.5%	204	23.8%	60	7.0%	60	7.0%	32.9%
Children's Mercy Hospital Kansas - Overland Park, KS	11	691	1.2%	679	98.3%	8	1.2%	0	0.0%	0	0.0%	0	0.0%	28	4.1%	0	0.0%	0	0.0%	0.1%
Kansas Residents/Other Missouri Hospitals	12	258	0.4%	42	16.3%	40	15.5%	40	15.5%	23	8.9%	54	20.9%	72	27.9%	6	2.3%	2	0.8%	30.2%
Providence Medical Center - Kansas City, KS	13	246	0.4%	0	0.0%	42	17.1%	80	32.5%	39	15.9%	53	21.5%	3	1.2%	16	6.5%	13	5.3%	26.0%
Truman Medical Center Hospital Hill - Kansas City, MO	14	158	0.3%	3	1.9%	42	26.6%	27	17.1%	12	7.6%	5	3.2%	21	13.3%	28	17.7%	20	12.7%	33.5%
Saint Luke's East Hospital - Lees Summit, MO	15	156	0.3%	0	0.0%	16	10.3%	22	14.1%	24	15.4%	38	24.4%	3	1.9%	28	17.9%	25	16.0%	29.5%
North Kansas City Hospital - North Kansas City, MO	16	155	0.3%	0	0.0%	28	18.1%	44	28.4%	30	19.4%	28	18.1%	3	1.9%	12	7.7%	10	6.5%	46.5%
Stromboli Hill Health - Topeka, KS	17	114	0.2%	10	8.8%	16	14.0%	5	4.4%	4	3.5%	13	11.4%	65	57.0%	4	3.5%	5	4.4%	10.5%
Cittizone - Kansas City, MO	18	107	0.2%	101	94.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	107	100.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Minnesota Hospitals	19	104	0.2%	10	9.6%	19	18.2%	38	36.5%	19	18.3%	12	11.5%	5	4.8%	1	1.0%	1	1.0%	65.4%
Saint John Hospital - Leavenworth, KS	20	98	0.2%	0	0.0%	1	1.0%	1	1.0%	23	23.5%	40	40.8%	33	33.7%	0	0.0%	0	0.0%	0.0%
LHM Health - Lawrence, KS	21	91	0.2%	1	1.1%	13	14.3%	25	27.5%	11	12.1%	14	15.4%	0	0.0%	13	14.3%	14	15.4%	37.4%
Centerpoint Medical Center - Independence, MO	22	74	0.1%	0	0.0%	14	18.9%	22	29.7%	6	8.1%	17	23.0%	3	4.1%	6	8.1%	6	8.1%	29.7%
Truman Medical Center Lakeside - Kansas City, MO	23	73	0.1%	2	2.7%	8	11.0%	18	24.7%	11	15.1%	5	6.8%	6	8.2%	10	13.7%	13	17.8%	46.6%
Saint Luke's North Hospital - Smithville - Smithville, MO	24	69	0.1%	0	0.0%	1	1.4%	0	0.0%	0	0.0%	0	0.0%	68	98.6%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Nebraska Hospitals	25	58	0.1%	5	8.6%	21	36.2%	12	20.7%	12	20.7%	8	13.8%	0	0.0%	0	0.0%	0	0.0%	13.8%
Kansas Residents/Illinois Hospitals	26	52	0.1%	2	3.8%	10	19.2%	14	26.9%	7	13.5%	5	9.6%	11	21.2%	2	3.8%	1	1.9%	34.6%
Signature Psychiatric Hospital - Kansas City, MO	27	51	0.1%	0	0.0%	0	0.0%	1	2.0%	0	0.0%	1	2.0%	49	96.1%	0	0.0%	0	0.0%	0.0%
Lee's Summit Medical Center - Lees Summit, MO	28	37	0.1%	0	0.0%	4	10.8%	13	35.1%	8	21.6%	10	27.0%	2	5.4%	0	0.0%	0	0.0%	51.4%
Two Rivers Behavioral Health System (Closed 1/19) - Kansas City, MO	29	33	0.1%	18	54.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33	100.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospitals - St. Francis - Wichita, KS	30	28	0.0%	1	3.6%	4	14.3%	1	3.6%	2	7.1%	9	32.1%	7	25.0%	0	0.0%	4	14.3%	28.6%
Saint Luke's North Hospital - Barry Road - Kansas City, MO	31	27	0.0%	0	0.0%	6	22.2%	11	40.7%	2	7.4%	5	18.5%	2	7.4%	0	0.0%	1	3.7%	22.2%
UNKNOWN	32	27	0.0%	14	51.9%	2	7.4%	3	11.1%	2	7.4%	2	7.4%	1	3.7%	2	7.4%	1	3.7%	7.4%
Liberty Hospital - Liberty, MO	33	26	0.0%	0	0.0%	5	19.2%	7	26.9%	3	11.5%	5	19.2%	0	0.0%	3	11.5%	3	11.5%	38.5%
Beltco Regional Medical Center - Belton, MO	34	25	0.0%	0	0.0%	2	8.0%	7	28.0%	5	20.0%	10	40.0%	1	4.0%	0	0.0%	0	0.0%	44.0%
Kansas Residents/Michigan Hospitals	35	23	0.0%	1	4.3%	1	4.3%	6	26.1%	5	21.7%	8	34.8%	0	0.0%	1	4.3%	1	4.3%	34.8%
Miami County Medical Center, Inc. - Paola, KS	36	17	0.0%	0	0.0%	4	23.5%	5	29.4%	3	17.6%	5	29.4%	0	0.0%	0	0.0%	0	0.0%	35.3%
Wesley Healthcare - Wichita, KS	37	17	0.0%	5	29.4%	2	11.8%	2	11.8%	1	5.9%	4	23.5%	1	5.9%	2	11.8%	1	5.9%	29.4%
Kansas Residents/Texas Hospitals	38	16	0.0%	0	0.0%	2	12.5%	7	43.8%	3	18.8%	3	18.8%	1	6.2%	0	0.0%	0	0.0%	50.0%
The University of Kansas Health System - St. Francis Campus - Topeka, KS	39	16	0.0%	0	0.0%	3	18.8%	2	12.5%	2	12.5%	5	31.3%	0	0.0%	2	12.5%	2	12.5%	18.8%
Kindred Hospital Northland - Kansas City, MO	40	10	0.0%	0	0.0%	6	60.0%	1	10.0%	2	20.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10.0%
Kansas Residents/Georgia Hospitals	41	9	0.0%	1	11.1%	2	22.2%	4	44.4%	1	11.1%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	11.1%
Salina Regional Health Center - Salina, KS	42	9	0.0%	1	11.1%	0	0.0%	2	22.2%	0	0.0%	3	33.3%	3	33.3%	0	0.0%	0	0.0%	11.1%
AdventHealth Ottawa - Ottawa, KS	43	7	0.0%	0	0.0%	0	0.0%	2	28.6%	0	0.0%	5	71.4%	0	0.0%	0	0.0%	0	0.0%	14.3%
Coxs Regional Medical Center - Hartsburg, MO	44	6	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	100.0%	0	0.0%	0	0.0%	0.0%
HaysMed, The University of Kansas Health System - Hays, KS	45	6	0.0%	0	0.0%	0	0.0%	1	16.7%	1	16.7%	2	33.3%	0	0.0%	1	16.7%	1	16.7%	50.0%
Ascension Via Christi Hospital Pittsburg - Pittsburg, KS	46	5	0.0%	0	0.0%	3	60.0%	0	0.0%	0	0.0%	2	40.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	47	4	0.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	25.0%
Geary Community Hospital - Junction City, KS	48	4	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	0	0.0%	1	25.0%	1	25.0%	0.0%
Kansas Residents/South Dakota Hospitals	49	4	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
St. Mary's Medical Center - Blue Springs, MO	50	4	0.0%	0	0.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Amberwood Health - Atchison, KS	51	3	0.0%	0	0.0%	0	0.0%	1	33.3%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	33.3%
Hutchinson Regional Medical Center - Hutchinson, KS	52	3	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Wyoming Hospitals	53	3	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's Cushing Hospital (Closed 10/20) - Leavenworth, KS	54	3	0.0%	0	0.0%	3	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	66.7%
Community Healthcare System Inc. - Onaga, KS	55	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	1	50.0%	0.0%
Elsworth County Medical Center - Elsworth, KS	56	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Labette Health - Parisons, KS	57	2	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Mitchell County Hospital Health Systems - Bekol, KS	58	2	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Neosho Memorial Regional Medical Center - Chanute, KS	59	2	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	50.0%
Newman Regional Health - Emporia, KS	60	2	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Western Plains Medical Complex - Dodge City, KS	61	2	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Wilson Medical Center - Hensley, KS	62	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Anderson County Hospital - Garn																				

Inpatient Origin Reports (Continued)



Inpatient Origin by County Johnson, KS Residents Treated in KHA Reporting Area Federal Fiscal Year: 2018

Detail																				
Hospital Detail by County			Pediatric		Adult Medical/Surgical								Psychiatric		Obstetric		Newborn		Starg %	
			Age 0-17	Age 18-44	Age 45-64	Age 65-74	Age 75+	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases		%
AdventHealth Shawnee Mission - Shawnee Mission, KS	1	16,384	28.3%	46	0.3%	1,132	6.9%	2,328	14.2%	1,964	12.0%	3,131	19.1%	1,485	9.1%	3,218	19.6%	3,099	18.9%	22.5%
The University of Kansas Health System - Kansas City, KS	2	8,533	14.7%	1,177	13.8%	967	11.3%	1,967	23.1%	1,377	16.1%	1,279	15.0%	1,272	14.9%	814	9.5%	715	8.4%	28.2%
Overland Park Regional Medical Center - Overland Park, KS	3	8,167	14.1%	232	2.8%	785	9.6%	1,352	16.6%	1,109	13.6%	1,831	22.4%	121	1.5%	1,404	17.2%	1,239	16.4%	23.4%
Clotbe Health - Olathe, KS	4	7,867	13.6%	34	0.4%	706	9.0%	1,884	23.9%	1,483	18.9%	1,845	23.5%	66	0.8%	939	11.9%	918	11.7%	26.7%
Menorah Medical Center - Overland Park, KS	5	4,251	7.3%	8	0.2%	311	7.3%	652	18.9%	925	21.8%	1,654	38.9%	38	0.9%	262	6.2%	251	5.9%	34.7%
Saint Luke's South Hospital - Overland Park, KS	6	3,842	6.6%	4	0.1%	218	5.7%	694	18.1%	759	19.8%	1,553	40.4%	31	0.8%	297	7.7%	286	7.4%	24.9%
Saint Luke's Hospital of Kansas City - Kansas City, MO	7	2,261	3.9%	8	0.4%	171	7.6%	415	19.1%	643	28.4%	9	0.4%	299	13.2%	285	12.6%	37.5%		
Children's Mercy Kansas City - Kansas City, MO	8	1,496	2.6%	1,401	93.6%	54	3.6%	0	0.0%	0	0.0%	0	0.0%	7	0.5%	21	1.4%	20	1.3%	34.3%
St. Joseph Medical Center - Kansas City, MO	9	1,099	1.9%	0	0.0%	79	7.2%	218	19.8%	219	19.9%	871	52.0%	12	1.1%	0	0.0%	0	0.0%	24.3%
Research Medical Center - Kansas City, MO	10	864	1.5%	94	10.9%	65	7.5%	167	19.3%	144	16.7%	123	14.2%	263	30.4%	51	5.9%	49	5.7%	34.4%
Children's Mercy Hospital Kansas - Overland Park, KS	11	660	1.1%	652	98.8%	8	1.2%	0	0.0%	0	0.0%	0	0.0%	40	6.1%	0	0.0%	0	0.0%	0.8%
Providence Medical Center - Kansas City, KS	12	288	0.5%	0	0.0%	58	20.1%	93	32.3%	39	13.5%	61	21.2%	12	4.2%	13	4.5%	12	4.2%	23.3%
Kansas Residents/Other Missouri Hospitals	13	248	0.4%	44	17.7%	36	14.5%	50	20.2%	30	12.1%	36	14.5%	67	27.0%	3	1.2%	3	1.2%	33.1%
Two Rivers Behavioral Health System (Closed 1/19) - Kansas City, MO	14	219	0.4%	82	37.6%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	235	99.1%	1	0.5%	0	0.0%	0.0%
North Kansas City Hospital - North Kansas City, MO	15	159	0.3%	0	0.0%	19	11.9%	42	26.4%	36	22.6%	28	17.6%	8	5.0%	14	8.8%	12	7.5%	47.8%
Stomont Valley Health - Topeka, KS	16	149	0.3%	30	20.1%	11	7.4%	11	7.4%	2	1.3%	10	6.7%	107	71.8%	1	0.7%	4	2.7%	9.4%
Truman Medical Center Hospital Hill - Kansas City, MO	17	147	0.3%	1	0.7%	33	22.4%	17	11.6%	12	8.2%	10	6.8%	32	21.8%	23	15.6%	19	12.9%	28.6%
Saint Luke's East Hospital - Lees Summit, MO	18	125	0.2%	0	0.0%	17	13.6%	35	28.0%	15	12.0%	21	24.8%	0	0.0%	14	11.2%	13	10.4%	33.6%
Saint John Hospital - Leavenworth, KS	19	111	0.2%	0	0.0%	3	2.7%	3	2.7%	18	16.2%	30	27.0%	57	51.4%	0	0.0%	0	0.0%	0.0%
Orterton - Kansas City, MO	20	109	0.2%	108	99.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	108	99.1%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Minnesota Hospitals	21	104	0.2%	10	9.6%	19	18.3%	38	36.5%	19	18.3%	12	11.5%	5	4.8%	1	1.0%	1	1.0%	65.4%
UHN Health - Lawrence, KS	22	85	0.1%	0	0.0%	18	21.2%	13	15.3%	9	10.6%	13	15.3%	2	2.4%	14	16.5%	16	18.8%	22.4%
Saint Luke's North Hospital - Smithville - Smithville, MO	23	64	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	64	100.0%	0	0.0%	0	0.0%	0.0%
Centerpoint Medical Center - Independence, MO	24	61	0.1%	0	0.0%	13	21.3%	24	39.3%	12	19.7%	10	16.4%	0	0.0%	2	3.3%	0	0.0%	41.0%
Kansas Residents/Nebraska Hospitals	25	58	0.1%	5	8.6%	21	36.2%	12	20.7%	12	20.7%	8	13.8%	0	0.0%	0	0.0%	0	0.0%	13.8%
Truman Medical Center Lawrence - Kansas City, MO	26	53	0.1%	0	0.0%	7	13.2%	11	20.8%	4	7.5%	3	5.7%	4	7.5%	14	26.4%	10	18.9%	41.5%
Kansas Residents/Ohio Hospitals	27	52	0.1%	2	3.8%	10	19.2%	14	26.9%	7	13.5%	5	9.6%	11	21.2%	2	3.8%	1	1.9%	36.5%
Saint Luke's North Hospital - Barry Road - Kansas City, MO	28	40	0.1%	0	0.0%	8	20.0%	11	27.5%	3	7.5%	11	27.5%	1	2.5%	3	7.5%	4	10.0%	33.5%
Wesley Healthcare - Wichita, KS	29	30	0.1%	7	23.3%	5	16.7%	3	10.0%	2	6.7%	4	13.3%	0	0.0%	3	10.0%	6	20.0%	30.0%
Belton Regional Medical Center - Belton, MO	30	29	0.1%	1	3.4%	5	17.2%	6	20.7%	10	34.5%	6	20.7%	1	3.4%	0	0.0%	0	0.0%	34.5%
Casa Regional Medical Center - Hamiltonville, MO	31	29	0.1%	0	0.0%	1	3.4%	0	0.0%	4	13.8%	6	20.7%	18	62.1%	0	0.0%	0	0.0%	3.4%
Lees Summit Medical Center - Lees Summit, MO	32	29	0.1%	0	0.0%	3	10.3%	9	31.0%	7	24.1%	10	34.5%	0	0.0%	0	0.0%	0	0.0%	51.7%
UNKNOWN	33	27	0.0%	14	51.9%	2	7.4%	3	11.1%	2	7.4%	2	7.4%	1	3.7%	2	7.4%	1	3.7%	11.1%
Hiami County Medical Center, Inc. - Paola, KS	34	26	0.0%	0	0.0%	3	11.5%	12	46.2%	4	15.4%	7	26.9%	0	0.0%	0	0.0%	0	0.0%	46.2%
Signature Psychiatric Hospital - Kansas City, MO	35	26	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	26	100.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Michigan Hospitals	36	23	0.0%	1	4.3%	1	4.3%	6	26.1%	5	21.7%	8	34.8%	0	0.0%	1	4.3%	1	4.3%	34.8%
Ascension Via Christi Hospitals St. Francis - Wichita, KS	37	21	0.0%	2	9.5%	6	28.6%	5	23.8%	1	4.8%	5	23.8%	3	14.3%	0	0.0%	0	0.0%	33.3%
Liberty Hospital - Liberty, MO	38	21	0.0%	1	4.8%	5	23.8%	4	19.0%	2	9.5%	3	14.3%	1	4.8%	2	9.5%	3	14.3%	42.9%
Kansas Residents/Iowa Hospitals	39	16	0.0%	0	0.0%	2	12.5%	7	43.8%	3	18.8%	3	18.8%	1	6.3%	0	0.0%	0	0.0%	50.0%
The University of Kansas Health System St. Francis Campus - Topeka, KS	40	15	0.0%	0	0.0%	3	20.0%	4	26.7%	1	6.7%	4	26.7%	0	0.0%	1	6.7%	2	13.3%	26.7%
Ascension Via Christi Hospital Manhattan - Manhattan, KS	41	10	0.0%	0	0.0%	4	40.0%	1	10.0%	2	20.0%	1	10.0%	0	0.0%	1	10.0%	1	10.0%	10.0%
Kansas Residents/Georgia Hospitals	42	9	0.0%	1	11.1%	2	22.2%	4	44.4%	1	11.1%	0	0.0%	1	11.1%	0	0.0%	0	0.0%	11.1%
Hutchinson Regional Medical Center - Hutchinson, KS	43	8	0.0%	0	0.0%	1	12.5%	0	0.0%	1	12.5%	4	50.0%	0	0.0%	1	12.5%	1	12.5%	12.5%
St. Mary's Medical Center - Blue Springs, MO	44	8	0.0%	0	0.0%	1	12.5%	2	25.0%	4	50.0%	1	12.5%	0	0.0%	0	0.0%	0	0.0%	25.0%
Cameron Regional Medical Center Inc. - Cameron, MO	45	7	0.0%	0	0.0%	0	0.0%	2	28.6%	0	0.0%	3	42.9%	2	28.6%	0	0.0%	0	0.0%	0.0%
HayesMed, The University of Kansas Health System - Hayes, KS	46	7	0.0%	0	0.0%	1	14.3%	2	28.6%	1	14.3%	3	42.9%	0	0.0%	0	0.0%	0	0.0%	28.6%
Amberle Health - Atchison, KS	47	4	0.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	25.0%
Kansas Residents/South Dakota Hospitals	48	4	0.0%	0	0.0%	0	0.0%	0	0.0%	2	50.0%	2	50.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kindred Hospital Northland - Kansas City, MO	49	4	0.0%	0	0.0%	1	25.0%	3	75.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Saint Luke's Cushing Hospital (Closed 1/1/20) - Leavenworth, KS	50	4	0.0%	0	0.0%	2	50.0%	0	0.0%	1	25.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	25.0%
Wesley Woodman Hospital & CL - Wichita, KS	51	4	0.0%	0	0.0%	1	25.0%	0	0.0%	2	50.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	25.0%
AdventHealth Ottawa - Ottawa, KS	52	3	0.0%	0	0.0%	0	0.0%	2	66.7%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	33.3%
Ascension Via Christi Hospital Pittsburg - Pittsburg, KS	53	3	0.0%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kansas Residents/Wyoming Hospitals	54	3	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%
Mercy Hospital Fort Scott - Fort Scott, KS	55	3	0.0%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	33.3%
Salina Regional Health Center - Salina, KS	56	3	0.0%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	33.3%	33.3%
The University of Kansas Health System Great Bend Campus - Great Bend, KS	57	3	0.0%	0	0.0%	0	0.0%	1	33.3%	0	0.0%	2	66.7%	0	0.0%	0	0.0%	0	0.0%	0.0%
Coffeyville Regional Medical Center - Coffeyville, KS	58	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Kindred Hospital Kansas City (Closed 1/1/18) - Kansas City, MO	59	2	0.0%	0	0.0%	1	50.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	50.0%
Amberle Health - Hamawath, KS	60	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0.0%
Anderson County Hospital - Garnett, KS	61	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0.0%
Ascension Via Christi Hospital St. Teresa - Wichita, KS	62	1	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.							

Outpatient Origin Reports

Outpatient Market Penetration By Service Type															
Olathe Medical Center	Total	66062		66061		66030		66083		66071		66213		66221	
County by Federal Fiscal Year - 2020	Visits	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
1 Emergency Department (45x)	25,820	5,985	36.2%	7,633	46.3%	3,262	56.6%	1,211	47.3%	573	15.1%	215	4.3%	170	5.1%
2 Surgery (36x, 49x)	22,676	4,738	58.5%	4,365	59.5%	2,106	69.3%	967	63.7%	1,275	48.3%	409	17.9%	404	26.0%
3 Observation (76x, excl. 761)	3,443	771	44.6%	810	50.3%	353	57.8%	175	50.4%	159	32.5%	47	7.6%	35	11.0%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	20,992	4,861	40.5%	5,225	45.1%	2,247	53.5%	990	47.0%	619	21.5%	309	7.1%	296	9.4%
12 Arthro/Arteriography (322, 323)	284	67	63.2%	43	63.2%	32	86.5%	10	55.6%	23	35.9%	2	8.7%	3	37.5%
13 Radiation Therapy (333)	590	98	24.6%	118	25.6%	48	40.3%	30	46.2%	39	47.0%	14	6.3%	7	5.1%
14 Nuclear Medicine (34x)	2,959	634	44.0%	583	45.5%	313	61.3%	114	44.7%	179	44.3%	43	7.1%	44	12.7%
15 CT Scan (35x)	11,679	2,694	39.2%	2,737	44.1%	1,359	58.8%	623	48.2%	413	22.5%	149	5.1%	149	8.2%
16 Mammography (401, 403)	12,809	3,275	55.1%	2,781	55.4%	1,395	75.2%	591	61.8%	389	32.7%	276	11.2%	314	15.7%
17 Ultrasound (402)	10,334	2,444	44.1%	2,381	45.3%	1,170	58.6%	444	50.1%	301	26.3%	187	9.4%	204	12.9%
18 PET Scan (404)	1,478	301	55.8%	271	55.3%	153	68.9%	63	64.9%	105	69.5%	15	7.0%	18	15.1%
19 Magnetic Resonance Technology (61x)	5,300	1,204	42.5%	1,019	42.3%	550	58.1%	230	47.0%	226	28.8%	94	9.0%	99	12.5%
21 Chemotherapy (33x, excl. 333)	1,872	301	14.2%	362	18.9%	168	24.6%	47	16.7%	235	43.5%	32	3.3%	14	2.2%
23 Pulmonary Function (46x)	1,392	297	32.9%	285	30.8%	142	43.6%	71	40.1%	83	37.1%	20	5.6%	14	5.8%
24 Cardiac Cath Lab (481)	952	185	49.2%	159	49.1%	79	68.7%	39	58.2%	82	69.5%	14	10.0%	12	14.0%
25 Stress Test (482)	2,490	592	55.3%	490	55.5%	277	72.9%	100	55.9%	128	42.2%	23	6.1%	37	15.0%
26 Echocardiology (483)	4,814	1,084	52.5%	964	53.1%	480	71.0%	225	60.5%	236	40.3%	71	9.5%	70	14.1%
27 Electroencephalogram (74x)	52	13	4.6%	8	3.6%	5	6.8%	1	2.3%	7	17.1%	2	1.3%		
28 G.I. Services (75x)	50	14	2.6%	14	3.3%	4	3.2%	1	1.3%	3	3.9%	2	0.5%		
30 ESWT/Lithotripsy (79x)	144	14	100.0%	21	95.5%	9	100.0%	5	100.0%	4	80.0%	5	83.3%	3	100.0%
31 Dialysis (82x through 88x)	38	3	2.1%	14	35.9%	5	100.0%			2	100.0%	1	25.0%		
33 Cardiac Rehab (943)	712	219	68.2%	174	65.4%	92	94.8%	66	76.7%	8	5.4%	9	7.1%	9	18.8%
35 Treatment Room (761)	16,729	3,624	61.1%	3,593	58.7%	1,558	69.8%	566	69.7%	1,034	53.8%	335	27.8%	185	26.1%
36 Respiratory Services (41x)	2,454	413	48.6%	607	65.1%	221	69.1%	126	74.1%	49	35.5%	17	6.5%	61	43.0%
37 EKG/ECG (73x)	8,619	2,043	39.7%	2,208	46.2%	995	58.6%	419	47.8%	268	19.3%	97	4.6%	75	6.7%
38 Cardiology (48x excl. 481-483)	690	127	9.1%	107	9.0%	35	9.9%	28	14.0%	71	26.7%	15	2.1%	10	2.0%
39 Sleep Lab (HCPC 95805-95811)	1,713	391	73.5%	298	73.8%	186	86.9%	77	81.1%	112	85.5%	29	26.4%	37	38.1%
42 Physical Therapy (42x)	11,761	3,418	60.6%	3,035	64.1%	1,708	78.4%	281	29.5%	163	10.2%	232	15.0%	226	20.1%
43 Occupational Therapy (43x)	2,250	569	38.6%	509	37.0%	284	51.2%	108	43.2%	79	21.6%	44	7.8%	41	9.8%
44 Speech-Language Pathology (44x)	903	208	16.7%	189	12.3%	189	39.1%	36	28.8%	17	15.0%	36	10.0%	13	5.9%
47 Audiology (47x)	15	2	0.2%	4	0.3%	1	0.3%	1	1.4%					1	0.6%
Actual visits in report	124,434	28,837	43.4%	28,482	46.4%	13,645	59.7%	5,264	48.3%	4,837	29.0%	2,102	9.2%	1,997	12.5%
Actual unclassified visits	20,196	4,793	16.6%	4,637	17.0%	2,041	24.2%	948	22.0%	672	10.2%	370	2.7%	427	4.9%
Actual total visits	144,630	33,630	35.3%	33,119	37.3%	15,686	50.1%	6,212	40.9%	5,509	23.6%	2,472	6.8%	2,424	9.8%

Discharge Data Available from: 2015 Q1 through 2021 Q1 *Hospital-Specific Report
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Outpatient Market Penetration By Service Type															
Olathe Medical Center	Total	66062		66061		66030		66083		66071		66213		66067	
County by Federal Fiscal Year - 2019	Visits	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
1 Emergency Department (45x)	29,373	6,638	33.6%	8,663	43.4%	3,895	53.7%	1,478	45.9%	646	15.0%	243	3.7%	353	16.8%
2 Surgery (36x, 49x)	23,255	4,919	56.3%	4,497	57.2%	2,204	70.8%	1,063	64.2%	1,232	46.7%	456	17.0%	491	19.2%
3 Observation (76x, excl. 761)	3,890	897	46.4%	949	49.6%	412	60.4%	163	56.8%	174	34.2%	58	8.9%	70	13.3%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	22,515	5,076	38.2%	5,653	43.2%	2,500	51.8%	1,132	49.5%	673	20.5%	291	6.0%	306	8.4%
12 Arthro/Arteriography (322, 323)	286	65	65.0%	52	61.9%	19	63.3%	12	75.0%	19	54.3%	4	18.2%	10	38.5%
13 Radiation Therapy (333)	682	152	35.2%	145	35.9%	55	48.7%	19	37.3%	80	57.6%			11	24.4%
14 Nuclear Medicine (34x)	3,278	663	44.8%	653	46.7%	387	64.6%	139	48.9%	173	41.5%	48	7.8%	113	26.7%
15 CT Scan (35x)	13,219	3,073	41.7%	3,193	47.1%	1,598	61.6%	693	51.2%	459	22.4%	178	5.5%	196	11.0%
16 Mammography (401, 403)	12,948	3,300	53.6%	2,829	54.0%	1,394	74.3%	622	63.5%	377	26.7%	283	10.5%	202	12.1%
17 Ultrasound (402)	11,183	2,657	45.3%	2,528	46.9%	1,324	60.4%	516	53.8%	338	25.5%	180	8.9%	182	11.9%
18 PET Scan (404)	1,687	314	56.1%	349	63.8%	181	81.2%	72	63.2%	108	71.5%	20	11.3%	65	49.6%
19 Magnetic Resonance Technology (61x)	5,751	1,273	42.7%	1,210	46.2%	608	57.5%	236	48.4%	236	28.3%	110	9.8%	111	11.6%
21 Chemotherapy (33x, excl. 333)	1,885	273	12.2%	353	19.8%	162	29.7%	120	37.7%	198	34.5%	34	4.4%	42	11.2%
23 Pulmonary Function (46x)	1,728	339	32.1%	398	36.2%	165	44.7%	81	41.5%	109	43.8%	12	3.3%	35	8.8%
24 Cardiac Cath Lab (481)	974	186	52.2%	152	44.8%	100	70.9%	54	64.3%	61	71.8%	13	9.4%	48	43.6%
25 Stress Test (482)	2,829	634	54.4%	563	53.8%	311	72.3%	141	58.0%	112	35.7%	41	9.0%	111	37.6%
26 Echocardiology (483)	4,836	1,068	55.8%	1,018	57.8%	523	75.4%	232	65.9%	205	37.0%	78	11.9%	118	43.9%
27 Electroencephalogram (74x)	82	15	4.3%	15	5.9%	6	6.3%	3	7.0%	6	12.0%	2	1.2%	1	2.4%
28 G.I. Services (75x)	57	13	1.8%	18	3.0%	5	3.6%	3	3.2%			1	0.2%	2	1.6%
30 ESWT/Lithotripsy (79x)	180	20	90.9%	26	92.9%	11	91.7%	5	100.0%	8	88.9%	6	75.0%	6	66.7%
31 Dialysis (82x through 88x)	36	7	19.4%	12	10.6%	2	100.0%			5	100.0%			1	50.0%
33 Cardiac Rehab (943)	1,227	393	67.2%	318	68.4%	129	79.6%	74	67.3%	7	3.5%	21	9.0%	9	60.0%
35 Treatment Room (761)	17,514	3,826	69.1%	3,868	69.2%	1,419	68.6%	777	76.6%	974	59.5%	299	29.0%	308	13.6%
36 Respiratory Services (41x)	2,900	687	53.1%	728	60.4%	234	54.7%	123	61.8%	135	50.6%	8	2.1%	87	54.7%
37 EKG/ECG (73x)	9,456	2,263	42.4%	2,399	44.5%	1,127	59.3%	439	50.1%	300	19.3%	110	5.4%	152	13.6%
38 Cardiology (48x excl. 481-483)	873	141	9.9%	145	11.1%	69	16.2%	44	19.6%	64	24.2%	13	1.8%	42	7.7%
39 Sleep Lab (HCPC 95805-95811)	1,786	384	67.3%	325	68.6%	209	83.6%	83	80.6%	107	84.9%	33	25.0%	18	48.6%
42 Physical Therapy (42x)	13,188	3,605	60.5%	3,676	69.0%	1,868	81.8%	347	34.0%	159	9.3%	229	13.6%	80	23.1%
43 Occupational Therapy (43x)	2,671	680	45.6%	642	47.2%	347	59.9%	104	46.4%	77	23.1%	38	8.8%	26	17.3%
44 Speech-Language Pathology (44x)	947	220	23.9%	213	23.3%	157	40.7%	47	35.9%	22	12.9%	25	8.8%	1	1.4%
47 Audiology (47x)	3	2	0.3%					1	1.4%						
Actual visits in report	133,931	31,065	42.9%	31,247	46.7%	14,805	59.0%	6,068	50.3%	4,947	27.2%	2,169	8.6%	2,170	13.8%
Actual unclassified visits	18,786	4,836	17.8%	4,330	17.4%	1,862	23.8%	1,017	25.9%	613	9.4%	346	2.8%	303	2.8%
Actual total visits	152,717	35,901	36.1%	35,577	38.8%	16,667	50.7%	7,085	44.3%	5,560	22.5%	2,515	6.7%	2,473	9.4%

Discharge Data Available from: 2015 Q1 through 2021 Q1 *Hospital-Specific Report
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Outpatient Origin Reports (Continued)

Outpatient Market Penetration By Service Type															
Olathe Medical Center	Total	66062		66061		66030		66083		66071		66213		66067	
County by Federal Fiscal Year - 2020	Visits	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%	Visits	%
1 Emergency Department (45x)	31,162	7,337	35.8%	9,015	44.1%	4,222	53.3%	1,484	45.2%	669	14.9%	221	3.4%	352	16.0%
2 Surgery (36x, 49x)	21,137	4,476	56.4%	3,997	56.9%	2,077	69.2%	938	62.6%	1,113	48.7%	445	17.5%	423	17.3%
3 Observation (76x, excl. 761)	3,253	702	38.6%	757	45.1%	380	54.9%	164	58.2%	150	35.9%	40	6.8%	66	11.6%
11 Radiology - Diagnostic (32x, excl. 322 and 323)	23,164	5,285	39.7%	5,784	45.2%	2,484	53.6%	1,121	49.3%	704	21.0%	283	6.1%	358	9.5%
12 Arthro/Arteriography (322, 323)	345	65	58.0%	79	62.7%	31	70.5%	21	80.8%	18	51.4%	8	27.6%	6	33.3%
13 Radiation Therapy (333)	869	153	36.1%	175	45.8%	87	64.9%	31	43.7%	55	51.9%	15	9.2%	33	66.0%
14 Nuclear Medicine (34x)	3,199	685	44.7%	613	44.6%	310	61.5%	153	56.5%	154	38.4%	47	7.1%	80	21.4%
15 CT Scan (35x)	13,474	3,049	43.8%	3,208	49.7%	1,585	63.8%	668	52.6%	456	24.5%	164	5.6%	237	14.1%
16 Mammography (401, 403)	12,501	3,226	54.8%	2,657	54.6%	1,258	74.0%	566	64.3%	381	30.2%	309	12.2%	222	13.7%
17 Ultrasound (402)	11,318	2,784	47.7%	2,545	49.5%	1,331	61.9%	500	56.7%	354	28.8%	191	9.7%	170	12.2%
18 PET Scan (404)	1,530	313	61.4%	290	61.6%	140	74.9%	82	75.2%	81	63.3%	23	12.4%	43	38.4%
19 Magnetic Resonance Technology (61x)	5,745	1,247	42.2%	1,249	47.2%	588	58.2%	224	48.6%	215	29.4%	102	9.4%	127	14.1%
21 Chemotherapy (33x, excl. 333)	1,975	285	14.9%	354	22.6%	150	31.4%	98	29.4%	228	57.7%	13	1.8%	91	38.7%
23 Pulmonary Function (46x)	1,340	240	26.1%	274	30.2%	123	40.2%	67	39.6%	88	43.8%	19	5.0%	28	8.4%
24 Cardiac Cath Lab (481)	785	127	44.4%	138	50.4%	64	68.8%	35	70.0%	52	60.5%	10	7.6%	41	46.6%
25 Stress Test (482)	2,683	625	53.2%	521	51.0%	272	70.1%	119	58.3%	111	43.0%	56	11.2%	59	23.9%
26 Echocardiology (483)	3,025	727	48.1%	603	48.6%	318	66.5%	144	56.9%	130	33.7%	58	8.8%	52	25.4%
27 Electroencephalogram (74x)	52	9	2.4%	10	3.4%	7	5.7%	3	5.1%	5	10.9%				
28 G.I. Services (75x)	287	65	8.5%	58	10.2%	31	17.7%	13	12.1%	14	13.2%	2	0.4%	6	4.3%
30 ESWT/Lithotripsy (79x)	176	37	86.0%	25	78.1%	13	92.9%	2	66.7%	5	83.3%	3	50.0%	14	77.8%
31 Dialysis (82x through 88x)	12	2	50.0%	1	1.0%	3	100.0%	1	100.0%			1	33.3%		
33 Cardiac Rehab (943)	1,017	286	60.5%	286	62.2%	122	94.6%	65	76.5%	22	14.0%	7	2.1%	7	43.8%
35 Treatment Room (761)	17,042	3,477	71.8%	3,619	73.4%	1,587	74.9%	716	80.7%	1,057	59.4%	388	37.1%	394	16.8%
36 Respiratory Services (41x)	2,774	505	38.8%	679	51.1%	332	67.2%	113	53.6%	172	56.0%	13	5.1%	30	28.6%
37 EKG/ECG (73x)	9,403	2,204	42.3%	2,347	46.3%	1,111	59.0%	490	54.6%	284	18.2%	113	5.1%	147	12.3%
38 Cardiology (48x excl. 481-483)	1,857	377	23.7%	365	25.1%	187	36.0%	76	38.4%	79	25.4%	33	4.5%	59	11.0%
39 Sleep Lab (HCPC 95805-95811)	1,639	380	69.5%	227	61.2%	173	78.6%	78	69.6%	112	81.8%	44	27.0%	35	47.9%
42 Physical Therapy (42x)	11,687	3,418	64.5%	2,952	68.7%	1,764	84.7%	362	40.9%	175	10.9%	160	10.1%	69	27.2%
43 Occupational Therapy (43x)	2,103	553	45.8%	459	44.3%	251	55.7%	71	46.1%	57	21.6%	44	10.9%	23	16.0%
44 Speech-Language Pathology (44x)	670	179	25.4%	132	24.4%	76	29.2%	35	36.1%	35	29.4%	5	3.2%	8	11.6%
47 Audiology (47x)	2														
Actual visits in report	130,562	30,552	43.5%	29,922	47.4%	14,697	59.5%	5,664	50.1%	4,865	28.0%	2,178	8.8%	2,173	14.6%
Actual unclassified visits	20,772	5,167	19.7%	5,419	22.7%	1,873	25.4%	904	24.0%	622	7.7%	398	3.5%	280	3.5%
Actual total visits	151,334	35,719	37.1%	35,341	40.6%	16,570	51.7%	6,568	43.6%	5,487	21.6%	2,576	7.2%	2,453	10.7%

Discharge Data Available from: 2015 Q1 through 2021 Q1

*Hospital-Specific Report

© 2021 Hospital Industry Data Institute

b) Town Hall Attendees, Notes, & Feedback

[VVV Consultants LLC]

Olathe Medical Center 2021 CHNA Town Hall Tues, June 15th

#	Table	Atten.	Lead	Last	First	Organization	Title
1	A	X	##	Falk	Amy	Health Partnership Clinic, Inc.	CEO
3	A	X		Antrim	Allison	Olathe Public Library	Adult Services Manager
4	A	X		Jensen	Mike	Olathe Health	Chief Strategy Officer
5	B	X	##	Futrell	Crystal	K-State Research & Extension	Health & Food Safety Ext Agent
6	B	X		Hardwick	Abby	Olathe Health	Manager
7	B	X		Lieker	Jill		
8	C	X	##	Andersen	Erin	Villa St Francis	Clinical Transition Specialist
9	C	X		Beth	Kalberg	OHSI	VP, Enterprise Initiatives
10	C	X		Rod	Janzen	Mission Southside Inc	Business Development Dir
11	D	X	##	Paul	Kimberly	Safehome	Director of Comm Programs
12	D	X		Ingram	Nancy		
13	D	X		Brewer	Julie	United Community Services of Johnson C	Executive Director
14	E	X	##	Woodard	Nate	The Salvation Army of Olathe	Corps Officer/Administrator
15	E	X		Howard	Nathan	Harvesters - The Community Food	Client Collaboration Initiatives
16	E	X		Mitchell	Sharon	Spring Hill Chamber of Commerce	
17	F	X	##	Rice	Catherine	Health Partnership Clinic	VP Marketing and Outreach
18	F	X		Salava	Angie	USD 233--Olathe Public Schools	Director of Mental Health
19	F	X		Vakas	Dean	City of Olathe Planning Commission	Chair
20	G	X	##	Mina	Foster	The Salvation Army	Housing Services Director
21	G	X		Montanez	Ivonne	El Centro	Enrollment Specialist
22	G	X		Smith	Alison	Johnson County Park & Rec	Wellness Coordinator
23	G	X		Tarwater	Jennifer	Kansas Children's Service League	Healthy Families - Family Engagement Coordinator
24	H	X	##	Venegoni	Whitney	Olathe Fire Department MIH	Nurse Practitioner
25	H	X		Camis	Jason	Gardner Chamber of Commerce	CEO
26	H	X		Mitchell	Barbara	Johnson Co Dept of Health and Env	Division Diretor, PIO
27	H	X		Woodard	Cherie	The Salvation Army	Lieutenant
28	I	X	##	Ashcraft	Michael	Johnson County Government	County Commissioner, 5th Dist
29	I	X		Morris	Sharon	Olathe Public Schools	Director of Health Services
30	I	X		Tony	Sliester	Olathe Community Gardens	Old Town Community Garden Coordinator
31	I	X		Schweiss	Jill	Blue Cross and Blue Shield of KC	Admin for Community Health
37	NA	X		Kane	Lacey		

NOTES: Johnson Co. – Olathe Medical Center

Date: 6/15/2021 – 7:30 am to 9:00 am

Established Needs/Strengths: Small Group Session

Attendance: N = 31

Needs

- Mental Health (Diagnosis, Treatment, Aftercare, Providers)
- Public Transportation
- Medicaid Expansion
- Bilingual Providers / Interpreters
- Social Connectivity
- Mobile Health Services / Providers
- Preventative Health / Wellness
- Drug / Alcohol Abuse
- Affordable Housing
- Family Planning
- Abuse / Violence
- Cultural Competency (Racial Inequities)
- Affordable Healthcare
- Expanding Home Outreach
- Cost Transparency
- Teen Activities
- Chronic Disease Management
- Subsidizing Poor / Unhealthy Food
- Homeless
- Providers Accepting Medicaid
- Drug Marketing

Strengths

- Healthcare Service Options
- School Systems (Education / Health)
- Provider Collaboration
- Green Space (Recreation)
- Quality of Public Safety
- Outreach Services
- Job Opportunities
- Economic Development
- Population That Embraces Healthcare
- Quality Hospitals
- Growth Improvement After COVID
- Nutrition – Healthy Food Options
- FQHC in Johnson Co
- Access to Local Mental Health Services

c) Public Notice & Requests

[VVV Consultants LLC]

EMAIL Request to OMC Stakeholders

(Send via Lacey/Darren's Email ... paste message add subject line BCC all stakeholders' emails from roster.

From: Stan Holm, CEO

Date: March 15, 2021

To: Community Leaders, Providers, Hospital Board and Staff

Subject: CHNA Wave #4 Community Online Feedback Survey

Over the next few months, **Olathe Medical Center (OMC)** will be working with other area providers to update the 2018 Community Health Needs Assessment (CHNA). We are seeking input from OMC community members regarding the healthcare needs to complete the 2021 CHNA. The goal of this assessment update is to understand progress in addressing community health needs cited in both the 2015 and 2018 CHNA reports and to collect up-to-date community health perceptions and ideas.

VVV Consultants LLC, an independent healthcare consulting firm from Olathe, KS, has been retained to conduct this countywide research. All responses will be confidential.

To gather community feedback, a short confidential online survey has been developed. We hope you find a few mins to participate to provide feedback for this community event by utilizing the link below.

LINK: https://www.surveymonkey.com/r/CHNA2021_OMC

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Monday, May 3rd, 2021**. In addition, please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, June 15th**, for Breakfast from **7:30 a.m. - 9:00 a.m.** Please stay on the lookout for more information to come soon.

If you have any questions regarding the CHNA survey or activities, please direct them to Lacey Kane at lacey.kane@olathehealth.org

Thanks in advance for your time and support!

Olathe Medical Center begins 2021 Community Health Needs Assessment.

Media Release: 03/15/21

Olathe Medical Center (OMC) will be working with area providers over the next few months to update the 2018 Kiowa County Community Health Needs Assessment (CHNA). OMC is seeking input from community members regarding the healthcare needs in their community in order to complete the 2021 CHNA.

VVV Consultants LLC, an independent research firm from Olathe KS, has been retained to conduct this countywide research. The goal of this assessment update is to understand progress in addressing community health needs cited in the both the 2015 and 2018 assessment reports while collecting up-to-date community health perceptions and ideas.

A brief community survey has been developed in order to accomplish this work. If you would like to participate, please visit our website and social media sites to obtain the link to the survey.

All community residents and business leaders are encouraged to complete the 2021 CHNA online survey by **Monday, May 3rd**. In addition, we ask that you please **HOLD the date** for the Town Hall meeting scheduled **Tuesday, June 15th**, for Breakfast from **7:30 a.m. - 9:00 a.m.** (location TBD). Thank you in advance for your time and support!

If you have any questions regarding CHNA activities, please call 913-791-4243

###

EMAIL #2 Request Message (Cut & Paste)

From: Stan Holm, CEO

Date: 4/16/2021

To: Community Leaders, Providers and Hospital Board and Staff

Subject: 2021 Community Health Needs Assessment

Olathe Medical Center (OMC) is hosting a scheduled Town Hall Meeting for the 2021 Community Health Needs Assessment (CHNA). The purpose of this meeting will be to review the community health indicators and gather feedback opinions on key community needs. This event will be held on **Tuesday, June 15th**, from **7:30 a.m. – 9:00 a.m.**

All business leaders and residents are encouraged to join us for this meeting. With COVID still among us, we must ensure the safety of our community first and foremost. Therefore, it is imperative that you complete an RSVP in order for us to adhere to proper safety guidelines. We hope you find the time to attend this important event by following the link below to complete your RSVP for June 15th. Note> Those who RSVP, will receive additional information and confirmation a few days prior to the event.

LINK: https://www.surveymonkey.com/r/OMC_RSVP_CHNA2021

If you have any questions regarding CHNA activities, email call Lacey Kane at
lacey.kane@olathehealth.org

Thanks in advance for your time and support

Olathe Medical Center Hosts Local Town Hall Event.

Media Release: 04/16/21

Olathe Medical Center has scheduled the Town Hall meeting for the 2021 Community Health Needs Assessment on **Tuesday June 15th, from 7:30 a.m. – 9:00 a.m.** During this event, we will review the community health indicators and gather feedback opinions on key community health needs for Sheridan County.

Due to Covid and state-wide guidelines, we must ensure the safety of our community members during this on-site event. Therefore, those who wish to attend must RSVP to adequately prepare for this social distanced gathering. You may do this by visiting the Olathe Medical Center website and social media sites to obtain the link and complete your RSVP. We hope you can find the time to join us for this important event on June 15th, 2021.

Note> If you RSVP, additional information will be released to you via email a few days prior to the event.

Thanks in advance for your time and support!

If you have any questions regarding CHNA activities, please contact Lacey Kane at
lacey.kane@olathehealth.org

###

Email #3

The on-site Town Hall event being hosted by **Olathe Medical Center** for the 2021 Community Health Needs Assessment, is almost here and it is vital that we confirm your RSVP to adhere to distancing guidelines during this meeting. This community event is being held on **Tuesday, June 15th**, for breakfast from **7:30 a.m. – 9:00 a.m. at Olathe Health Education Center**. If you are no longer able to attend this event, please let Lacey Kane know via email at lacey.kane@olathehealth.org.

To keep things moving and cover all that is on our agenda promptly, we ask that you please plan to be **10 mins early**, as we will begin right away at 7:30 a.m. In addition, we ask that you plan to stay for the full duration as the last 45 mins will be the most important for gathering community insight.

We look forward to seeing you all on Tuesday, June 15th, as we gather for an important community event.

Thank you for your time and support!

If you any questions or change in RSVP for this Town Hall meeting, please contact Lacey Kane at lacey.kane@olathehealth.org

d.) Primary Research Detail

[VVV Consultants LLC]

CHNA 2021 Stakeholder Community Feedback: OMC - PSA (N=94)							
ID	Zip	Overall	Movement	c1	c2	c3	In your opinion, what are the root causes of "poor health" in our community?
1088	66030	Very Good	Increasing - moving up	ACC	ALL		Failure to reach the culturally deprived
1018	66213	Good	Not really changing much	DIS	ACC		More programs for people with IDD
1083	66071	Poor	Decreasing - slipping downward	FINA	NUTR		Inability to afford or obtain properly prepared meals.
1060	66062	Average	Increasing - moving up	FINA	FIT	PREV	Cost of health care and cost of Health/wellness/exercise serviced
1029	66204	Average	Not really changing much	MAN	ACC	SERV	Healthcare should be a right for all, not a privilege, and should not be tied to employment.
1089	66062	Very Good	Increasing - moving up	OWN	EDU		people need to take better care of themselves
1019	66062	Very Good	Increasing - moving up	OWN	EDU		Personal responsibility
1003	66049	Average	Decreasing - slipping downward	PREV			Need more community involvement for primary prevention purposes. For instance, the Corporate challenge got a lot of the community involved in exercise services and while it was difficult for a lot this year to participate due to the pandemic. Perhaps for those that can't participate, involve more around the year events or even social distancing events such as via allowing those to participate via long distances via electronic chips.
1055	66210	Average	Not really changing much	PREV	FINA	ACC	there are a lot of health and wellness services in the area but they are very expensive. Need more affordable options

CHNA 2021 Stakeholder Community Feedback: OMC - PSA (N=94)							
ID	Zip	Overall	Movement	c1	c2	c3	Covid-19 has impacted our communities. Do you have any worries and/or concerns regarding COVID-19 in relation to Community Health?
1038	66061	Good	Not really changing much	BH	ACC		Mental Health - we can not do anything about the "during" part of the pandemic. The effects of this will continue to need extra efforts - for all ages. This has changed us in ways we still can't imagine.
1003	66049	Average	Decreasing - slipping downward	COVD	PREV	EDU	Availability of resources for treatment or knowledge regarding Covid-19 prevention.
1069	66061	Very Good	Increasing - moving up	COVD	FAC		I hope medical facilities continue to require mask after the mandate ends.
1092	66062	Good	Not really changing much	PREV	MAN		The overreaction to it has alienated people from healthcare. Exemptions are not being recognized.
1030	66062	Good	Not really changing much	PREV	OWN		Just the fact that people held off preventative care for so long, what will happen because of that?
1052	66061	Good	Decreasing - slipping downward	SERV	EDU	VACC	How to reach out to communities of color with information and vaccines
1050	66061	Very Good	Decreasing - slipping downward	VACC	ACC	TRAN	getting the vaccine TO the vulnerable population when hours and transportation are challenging
1077	66061	Very Good	Increasing - moving up	VACC	ACC		Just wish it could have happened faster and with drive-thru accessibility. For a good example, all my friends in Lawrence were vaccinated at the fair grounds without leaving their vehicles and weeks before I was able to get my shots.
1034	66062	Very Good	Increasing - moving up	VACC	ACC		Not handled well. Everyone searching for vaccine.
1049		Very Good	Increasing - moving up	VACC	COVD		Olathe Med has been exceptional partners during pandemic and for vaccinations.
1089	66062	Very Good	Increasing - moving up	VACC	EDU	DOH	Seems too many people are not taking vaccination. That's stupid. It has nothing to do with politics.
1026	66061	Very Good	Increasing - moving up	VACC	STFF		Not enough healthcare providers have been vaccinated yet. Too many are choosing not to get vaccinated
1076	66062	Good	Not really changing much	VACC	ACC		Access to vaccines - it's been a total crapshoot trying to find a vaccine
1006	66092	Good	Not really changing much	VACC	ACC	EDU	I have concerns that another surge in COVID cases may occur soon in spite of vaccination availability. Partly because of politics, anti-vaxxers, and denial of science instead of following public health recommendations.
1062	66083	Very Good	Not really changing much	VACC	ACC		I would like to see the vaccine more readily available.
1018	66213	Good	Not really changing much	VACC	EDU		Variant strains and community resistance to vaccine.
1015	66062	Good	Not really changing much	VACC	PRIM		Have vaccines at primary care sites and grocery stores
1029	66204	Average	Not really changing much	VACC			The vaccine roll-out and distribution in Johnson County has been abhorrent!

CHNA 2021 Stakeholder Community Feedback: OMC - PSA (N=94)

ID	Zip	Overall	Movement	c1	c2	c3	Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?
1031	66062	Very Good	Not really changing much	BH	INSU	HRS	We need more mental health professionals that take insurance. In addition to that, it is almost impossible to find evening or weekend mental health services. This makes it even worse for those suffering because they then have to worry about how they are going to get help and not lose their jobs.
1018	66213	Good	Not really changing much	BH	IP	OP	Mental health services for people with IDD could be enhanced. Inpatient and outpatient options.
1018	66213	Good	Not really changing much	BH	IP	OP	Mental health services for people with IDD could be enhanced. Inpatient and outpatient options.
1062	66083	Very Good	Not really changing much	CLIN	ACC	WAIT	Seems to be hard to get walk in care.
1084	66061	Very Good	Not really changing much	CLIN	HRS	EMER	"After hours" care outside of emergency rooms is limited
1049		Very Good	Increasing - moving up	DOCS	RET		But continuity of physicians is important.
1006	66092	Good	Not really changing much	DOCS	NEUS	PAIN	Provider staff is limited in several areas. My experience is that this is true for neurosurgery and pain management. Can't speak to other areas I'm not familiar with.
1044	64131	Average	Not really changing much	EMER	FINA	HRS	Only if I want an ER bill. I have to beg for time off work to see my dr due to their limited hours and days. Most of my jobs don't let me.
1089	66062	Very Good	Increasing - moving up	FEM	DOCS		It seems women are having harder time getting in to see female doctors. Could be a shortage?
1050	66061	Very Good	Decreasing - slipping downward	FINA	ACC		Not affordable
1039	66062	Very Good	Not really changing much	HRS	PRIM	WAIT	After hours and weekend availability of primary care providers is limited. Cannot even leave message for OHS physician office.
1052	66061	Good	Decreasing - slipping downward	INSU	DOCS	ACC	There are not enough providers for those without health insurance
1055	66210	Average	Not really changing much	INSU			I don't believe there are for uninsured and underinsured
1037	66030	Average	Not really changing much	OBG	WAIT		gynecologist very difficult to have an appointment in less that 1-2 months
1033	66062	Very Good		PART	SERV		There are many services provided by University of Kansas Medical facilities that could be incorporated into Olathehealth.
1003	66049	Average	Decreasing - slipping downward	SERV			Need more Olathe Health services in further cities such as De Soto, Eudora, and Lawrence KS.
1067	64114	Very Good	Increasing - moving up	SPEC	DOCS	INSU	We need more specialty physicians willing to care for the uninsured or underinsured.
1069	66061	Very Good	Increasing - moving up	SPEC	WAIT		wait time to see specialist can be long
1023	66062	Good	Not really changing much	STFF			limited staffing
1015	66062	Good	Not really changing much	STRK	ORTH	CARD	More specialists - stroke, orthopedic and cardiology
1057	66202	Good	Increasing - moving up	WAIT			Some services require a long wait time for first appointment.
1076	66062	Good	Not really changing much	WAIT	SPEC		Extended waits for appointments with specialists is a problem.

CHNA 2021 Stakeholder Community Feedback: OMC - PSA (N=94)

ID	Zip	Overall	Movement	c1	c2	c3	What "new" community health programs should be created to meet current community health needs?
1019	66062	Very Good	Increasing - moving up	ACC	MARK		A way to bring more healthcare services to the patient.
1076	66062	Good	Not really changing much	ACC	SERV	RNT	I don't think we need new programs. We need better access to services. Recruiting and retaining qualified mental health providers is a big issue. Workforce development - child care is an ongoing need.
1015	66062	Good	Not really changing much	ALZ	NH		Growth with memory care
1085	66061	Good	Increasing - moving up	BH	DRUG	SUIC	Medicaid expansion and more behavioral health coverage for mental health, substance abuse and suicide prevention focus.
1066	66061	Good	Increasing - moving up	BH	PART		A housing collaboration for adult individuals living with mental illness (since housing would be a key wellness need).
1088	66030	Very Good	Increasing - moving up	BH	PREV		mental health and well-being
1063	66216	Very Good	Increasing - moving up	BH	SERV		more mental health services, reduce stigmatism
1049		Very Good	Increasing - moving up	BH	SUIC	PREV	Mental health, suicide prevention and wellness.
1058	66061	Very Good	Increasing - moving up	BH			Behavioral health.
1038	66061	Good	Not really changing much	BH	ADOL		mental health services - additional services should be outside the box delivery. Our young adults aren't reaching out or willing to utilize the care deliveries currently in place.
1030	66062	Good	Not really changing much	BH	FAC	SERV	Behavioral and mental health offerings/facilities. Care programs/facilities for the homeless.
1006	66092	Good	Not really changing much	BH	PSY	OP	There does not appear to be sufficient outpatient behavioral health/psychiatric providers in this area, based on a recent search I performed online. Many psychologists but few psychiatrists.
1023	66062	Good	Not really changing much	BH			mental health!
1057	66202	Good	Increasing - moving up	CHRON	EDU	EQUIP	Increase of chronic disease self management programs. Educational programs around technology use for older adults.
1029	66204	Average	Not really changing much	CLIN	DENT	FEM	Public/walk-in healthcare/dentist/women's clinics
1084	66061	Very Good	Not really changing much	CLIN	INSU		Walk-in care for poor/underinsured
1044	64131	Average	Not really changing much	DENT	OPHTH	PHAR	People really need access to dental, vision, and pharmaceuticals. Mental health access is a serious problem nationwide.
1044	64131	Average	Not really changing much	DENT	PHARM	BH	People really need access to dental, vision, and pharmaceuticals. Mental health access is a serious problem nationwide.
1056	66061	Good	Increasing - moving up	EDU	NUTR	OBES	Need to improve education and healthy food access to obese population. Simply helping local food pantries to stock healthy food choices would be a good start
1037	66030	Average	Not really changing much	EDU	NUTR	FIT	Educational, nutrition, physical activities, health insurance options,
1037	66030	Average	Not really changing much	EDU	NUTR	FIT	Educational, nutrition, physical activities, health insurance options,
1087	66061	Good	Not really changing much	EDU	NUTR	FIT	Better education for nutrition and the benefits of exercise.
1092	66062	Good	Not really changing much	EDU	PREV	ALT	Education on how to build immune system and natural alternatives to traditional medicine.
1050	66061	Very Good	Decreasing - slipping downward	FINA	URG	EMER	AFFORDABLE and efficient non-emergency access to appointments other than the option of going to the ER and paying an arm and a leg
1085	66061	Good	Increasing - moving up	INSU	BH	DRUG	Medicaid expansion and more behavioral health coverage for mental health, substance abuse and suicide prevention focus.
1026	66061	Very Good	Increasing - moving up	NURSE	STFF	EDU	Need to offer more CNA, CMA, LPN and RN classes for new people wanting to enter health care as their profession. We are in a staffing crisis for nursing staff.
1083	66071	Poor	Decreasing - slipping downward	NUTR	ACC	SERV	Should be able to have hot healthy meals ordered and delivered if someone is too infirmed to provide their own. Meals on Wheels is a poor excuse with cold sandwiches being their fare 5 out of 6 days!
1033	66062	Very Good		PART			New agreements with University of Kansas Medical Program.
1052	66061	Good	Decreasing - slipping downward	PREV	NUTR		preventative health programs, healthy nutrition, free screenings/health fairs
1003	66049	Average	Decreasing - slipping downward	PREV	PRIM		Primary prevention services in other surrounding cities.
1034	66062	Very Good	Increasing - moving up	PREV	NUTR		Health and wellness. Diets.
1051	66216	Average	Not really changing much	PREV	BH		focus on wellness and prevention. Focus on mental health
1059	66067	Good	Not really changing much	PREV	MAN	PART	Health and wellness programs in Gardner area. Workplace wellness/exercise programs for larger companies. More sharing of data.
1041	66062	Very Good	Not really changing much	PRIM	PREV		Programs that demonstrate the importance of Preventative/primary care.
1076	66062	Good	Not really changing much	RET	BH	CC	I don't think we need new programs. We need better access to services. Recruiting and retaining qualified mental health providers is a big issue. Workforce development - child care is an ongoing need.
1067	64114	Very Good	Increasing - moving up	TRAIN	EMER		Not really new, but pandemic training and emergency preparedness.
1060	66062	Average	Increasing - moving up	TRAN	DIS	EDU	Better health programs/transportation for individuals with intellectual disabilities

Let Your Voice Be Heard!

In 2018, Olathe Medical Center (OMC) surveyed the community to assess health needs. Today, OMC requests your input in order to create a 2021 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 Monday, May 3rd 2021.

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

- Very Good Good Average Poor Very Poor

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

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

Why? (please specify)

3. In your own words, what is the general perception of healthcare delivery for our community (i.e. hospitals, doctors, public health, etc.)? Be Specific.

4. In your opinion, are there healthcare services in our community / your neighborhood that you feel need to be improved, worked on and/or changed? (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"/> Access to Affordable Care | <input type="checkbox"/> Lack of Healthcare Providers/Qualified Staff |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Affordable Senior Living | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Chronic Care Management | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Culturally Competent Providers/Services | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Diagnostics/Screenings | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Exercise/Fitness Services | <input type="checkbox"/> Transportation |

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

- | | |
|--|---|
| <input type="checkbox"/> Access to Affordable Care | <input type="checkbox"/> Lack of Healthcare Providers/Qualified Staff |
| <input type="checkbox"/> Affordable Health Insurance | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Affordable Senior Living | <input type="checkbox"/> Nutrition - Healthy Food Options |
| <input type="checkbox"/> Chronic Care Management | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Culturally Competent Providers/Services | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Diagnostics/Screenings | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Exercise/Fitness Services | <input type="checkbox"/> Transportation |

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

- | | |
|--|--|
| <input type="checkbox"/> Chronic disease prevention | <input type="checkbox"/> Limited Access to Mental Health |
| <input type="checkbox"/> Lack of Health & Wellness | <input type="checkbox"/> Family Assistance programs |
| <input type="checkbox"/> Lack of Nutrition/Exercise Services | <input type="checkbox"/> Lack of health insurance |
| <input type="checkbox"/> Limited Access to Primary Care | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Limited Access Specialty Care | |

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 / Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth	<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?

	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 Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home/Senior Living	<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"/>
Primary Care	<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 Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk- In Clinic Access	<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
Behavioral / Mental Health	<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"/>
Health Screenings / Education	<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"/>
Substance Use/Prevention	<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"/>
Violence / Abuse 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"/>

11. Do you have any Covid-19 worries and/or concerns in regards to Community Health delivery?

Yes

No

If yes, please share your thoughts. Be specific

12. Over the past 2 years, did you or someone in your household receive healthcare services outside of the Olathe Health Community Service Area

Yes

No

If YES, please specify the healthcare services received.

13. Access to care is vital. Are there enough providers / staff available at the right times to care for you and our community?

Yes

No

If NO, please specify what is needed where. Be specific.

14. What "new" community health programs should be created to meet current community health needs?

15. 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"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventative Health / Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral / Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drugs/Substance Abuse | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (please specify)

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

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

Other (please specify)

17. What is your home ZIP code? Please enter 5-digit ZIP code; for example 66544 or 65305

2021 Community Health Needs Assessment: OMC Service Area

Olathe Medical Center (OMC) is partnering with other area providers to update their Community Health Needs Assessment. The goal for this update is to identify progress in addressing past community health needs and to collect updated health perceptions. Your voluntary input is vital and all responses are confidential. If you prefer, you can complete the survey online by visiting <https://www.olathehealth.org/>. **All survey returns are due on 4/1/21.** Thank you.

Part I: HEALTHCARE PERCEPTIONS & SATISFACTION

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

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

2. How would you rate each of the following . . . ? (Check one box per row)

	Very Good	Good	Fair	Poor	Very Poor
a) Ambulance Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Chiropractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Dentists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Emergency Room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Eye Doctor / Optometrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Family Planning Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Hospice / Palliative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Telehealth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Inpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Mental Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m) Nursing Home/Senior Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n) Outpatient Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o) Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p) Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q) Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r) School Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s) Visiting Specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t) Walk-In Clinic Access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Over the past 2 years, did you or someone in your household receive health care services outside of the Olathe Health Community Service Area ?

Yes
 No

If yes, please specify the healthcare services you received

4. In your opinion, are there healthcare services in our community / your neighborhood that you feel need to be improved, enhanced, and/or changed? (Please be specific)

5. In your opinion, how much of a health concern are the following in your community?
(Check one response per row)

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

6. In your opinion, does your community need additional awareness and/or attention to improve health? (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Abuse / Violence | <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Access to Health Education | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Preventive Health/Wellness |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Housing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Alternative Medicine | <input type="checkbox"/> Lack of Providers/Qualified Staff | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Behavioral/Mental Health | <input type="checkbox"/> Lead Exposure | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Breastfeeding Friendly Workplace | <input type="checkbox"/> Neglect | <input type="checkbox"/> Telehealth |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Care Coordination | <input type="checkbox"/> Obesity | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Vaccinations |
| <input type="checkbox"/> Drug/Substance Use | <input type="checkbox"/> Ozone (Air) | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Physical Exercise | |

Other (please specify)

7. Access to care is important. Are there enough providers available at the right times to care for you and your community?

Yes No

If No, please specify what is needed:

8. Do you have any COVID-19 worries and/or concerns regarding community health delivery?

Yes No

If Yes, please share your thoughts. Be specific

PART II: YOUR HEALTH PRACTICES

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

Very Good Good Fair Poor Very Poor

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

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

11. Do you see a provider on a yearly basis?

Yes No

If No, why not? (Be specific)

12. Do you follow these health practices . . . ? (Check one box per row)

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

13. Please complete sentence below. Are you ?

	Yes	No	
a) Eating Right (Daily5+servings-fruits/veg/wheat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Using tobacco products weekly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Exercising 2-3 times weekly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Consuming alcohol (more than 1 drink daily)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Receiving an annual flu shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Up to date on vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please complete sentence below. Are you concerned about ?

	Yes	No	N/A
a) Being Homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Paying Utility Bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Paying for food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Transportation to Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Safety in your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part III: A LITTLE MORE ABOUT YOU

15. What is your age?

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

16. Your gender? Male Female Other

17. How would you identify yourself?

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

Other (please specify)

18. How would you describe your household?

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

19. Regarding your health insurance coverage... What type of health coverage is your primary plan?

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

Other (please specify)

20. What is your home zip code? Please enter 5-digit zip code: for example 60544 or 65305

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



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VWV 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