

2017 COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT PLAN

Franklin County Health Department & Partners

Major highways, local byways, railroads and Rail Trails dissect this traditional community bringing new challenges and new ideas to build a healthy and safe community, conscious of the need for social justice. Paths that cross one another, connecting small towns, farms with the larger city of Ottawa form the network around which physical activity and food access is improved. This strength, along with recognition of other strengths and gaps, provides the background for future initiatives to improve health. Within the borders of Franklin County lies opportunity for attaining a high level of personal and community health. The commitment of many organizations and individuals throughout the county joined in setting a vision for a healthier future.

OUR VISION:

A community that is supportive of a healthy lifestyle for all its citizens.



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Community Health Assessment Team Members

Our DNA may be where we begin the journey, but our environment plays a large role in shaping our behaviors and either limiting or supportive of our health attainment. Creating a healthier community depends not upon each member's choices and behaviors alone, but upon how the community works together to build the foundation for health.

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INTRODUCTION

Public health is tasked with conducting a Community Health Assessment and Community Health Improvement Plan every five years to inform the public and guide community improvement efforts. This task requires the collaboration and cooperation of multiple community partners. Sincere appreciation is extended to all those who gave of their time and expertise in completing this assessment.



The previous report from 2012 was a part of a regional effort with the eight counties of the East Central Kansas Public Health Coalition. Individual county data was provided where available. The current 2017 report covers Franklin County only. Information on the other counties is available from the local health departments in those counties.

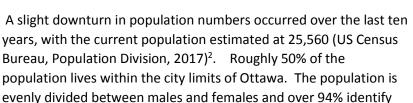
The Franklin County 2017 CHACHIP Team utilized a modified version of the assessment process of MAPP (Mobilizing for Action through Planning and Partnerships)¹. Partner meetings were held beginning in early 2016 through December 2017. Partners reviewed progress

on the 2012 Community Health Improvement Plan and discussed the previous regional community vision. A new vision for Franklin County specifically was developed as "A community that is supportive of a healthy lifestyle for all its citizens."

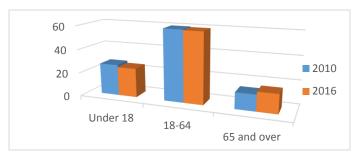
DESCRIPTION OF THE POPULATION

Franklin County is a semi-urban community consisting of Ottawa, the county seat, and 7 small towns under 2000 population. Three major highways dissect the county linking community members to larger

cities. I-35 running southwest to northeast takes residents 35 miles to the outskirts of Kansas City. Highway 59 runs North to Lawrence, another 30- minute drive. Kansas highway 68 goes west where people can pick up US 75 to Topeka (60 minutes). Many residents travel daily to these cities for their work. Commute time on average is over 24.4 minutes, well above the state mean of 16.3 minutes. These geographical factors impact the health of the population as described later in this document.



their race as white. The population of Franklin County, like much of Kansas, is aging. 2016 population



estimates show sixteen percent of the population was age 65 or older; 24.6% were under age 18. In the 2010 census, 13.7% were over age 65 and 26.4% were under age 18³.

The unemployed workforce sits at 3.3%, slightly lower than the state at 3.4%⁴. This is

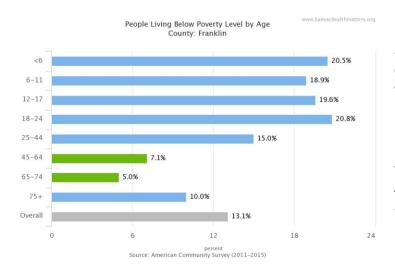
a downward trend for the county since reaching a high of 10% in March of 2012. Stability in the county is partially accounted for by the agricultural related workforce. Agriculture added an estimated \$253 million and nearly 1400 jobs to the economy in 2016. Over 1000 farms are established in Franklin County, ranking ninth overall in the state for number of farms and representing a major economic component of the county and 10.43% of the workforce⁵.

Unemployed Workers in Civilian Labor Force - Change over Time

County: Franklin



Source: U.S. Bureau of Labor Statistics (September 2017)
Unemployment data through December 2011 were based on BLS's preliminary monthly estimates. Data for January 2012
and beyond are based on BLS's final monthly estimates.



Per capita income is \$24,567 (2011-2015) and a median household income in 2015 of \$51,081; the Kansas median income was \$52,205.

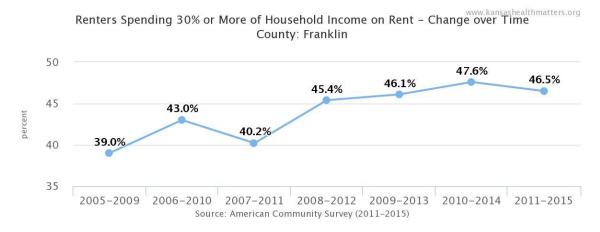
13.1% of persons between 2011 and 2015 were living in poverty in Franklin County. A high proportion of those were children and young adults.

Among those in poverty are many older individuals. A significant number of grandparents are caregivers for their grandchildren either solely or by sharing a home (Table 1).

Table 1.	Franklin Cour	nty, Kansas
	Estimate	Margin of Error
Total:	506	+/-163
Grandparent responsible for own grandchildren under 18 years:	216	+/-139
Householder or spouse with no parent of grandchildren present:	147	+/-143
30 to 59 years	45	+/-64
60 years and over	102	+/-129
Other grandparents:	69	+/-46
30 to 59 years	44	+/-37
60 years and over	25	+/-32
Grandparent not responsible for own grandchildren under 18 years:	290	+/-99
30 to 59 years	154	+/-64
60 years and over	136	+/-70

Housing:

Franklin County has a high percentage of residents (63%) who own their homes, which is above the state percentage of 59.7. Community benefits seen as a result of home ownership include civic involvement and stability. The percent of households renting housing has increased over the last ten years as has the percent of income spent on rent. Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces or eliminates the proportion of income a household can allocate to savings each month. Housing quality is a social determinant of health.

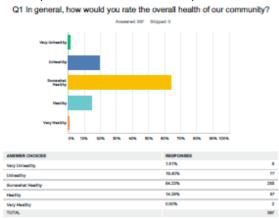


Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The effect of nonsampling error is not represented in these tables.

PERSPECTIVES ON THE QUALITY OF LIFE IN FRANKLIN COUNTY

The Community Health Assessment Team for Franklin County developed and distributed a Quality of Life (QOL) survey in late 2016, early 2017. Nearly 400 residents responded to the survey either on paper or electronically. Overall, the demographics of the respondents favorably aligned with characteristics of the population as a whole, despite the survey being a convenience sample. It was distributed through emails, web links, libraries and various organizations serving the general public. The majority of respondents received the survey through their place of work. The full survey is found in Appendix A.

Despite noticeable issues regarding health and health disparities identified in reports such as the "County Health Rankings" (CHR), 79% of respondents to the 2017 Quality of Life survey rated Franklin County health of the community as Somewhat Healthy or Healthy. This is understandable if the



perspective provided was from an individual physical and mental health appraisal. The Behavioral Risk Factor Survey (BRFS) of 2016 showed less than 15% of the population reporting only poor or fair health. In contrast, the respondents to the BRFS reported just over 3 poor physical or poor mental health days in the previous 30 days per year, slightly above the average for Kansas. The Health Outcomes ranking in the state for the population was higher at 54 on the CHR than the Health Factors Rank of 74. The county has a high ranking of 12 for clinical care, which may be the positive factor in achieving better health outcomes.



The three biggest problems identified on the QOL were social and economic factors that were selected by twice as many people as the other choices. Joblessness/low wage was selected by 47% of

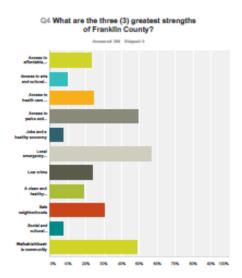
participants; poverty by 45.6% and mental health problems by 41%. These problems were also identified by the County Health Rankings (CHR) as negatively impacting the county's overall rank in the state for health.

Behaviors identified most often by participants as having the biggest impact on the health of the community were drug use/misuse (70%), alcohol abuse (43%) and poor eating



habits at 42.5%. These factors again were reflected in the County Health Rankings as issues for the population with a very low ranking in the state at 94 for Health Behaviors. However, less than 14% of BRFS respondents in 2015 reported binge-drinking behavior. This is positive compared to the state

(15.6%), national (16.3%), and Healthy People 2020 objectives (24.4%). The other concerns do not reflect so positively on the population. Thirty-four percent of the adult population is obese and over 24% of adults are smokers⁷.



Franklin County residents recognized community
Emergency Services as a strength most often on the QOL.
Significant progress has been made in the county in the past five years for clinical services and the violent crime rate is lower than the state as a whole at 2.2/1000 (Kansas rate 3.6/1000). Primary care practices have increased as have specialty clinics, walk-in clinics and emergency room services. More individuals are insured as a downward trend has been experienced since 2010. Uninsured adults comprised 9.7% of the population compared to 12.8% for Kansas and over 13% nationally. A gap remains in health care available to those adults living in poverty.

"Access to Parks and Recreation" and "Walkability of the Community" were the next most frequently selected

community characteristics seen as strengths. A focus of Community Health Improvement over the past five years has been on increased physical activity levels. In addition to the public awareness of the issue, the county is fortunate to have two bike/hike rail trails running through the center, one East-West and the other North-South. Ottawa and most of the small communities have at least one park and youth recreational activities. The full QOL report is found in Appendix A. The Franklin County CHR is found in Appendix B.



FRANKLIN COUNTY PUBLIC HEALTH SYSTEM – ASSESSMENT

The strength of the public health system in Franklin County can be seen in progress made over the past five years. Community collaboration among system partners and community members individually have been the key factors. Community partners reviewed the provision of essential services to identify strengths and weaknesses that could impact community health improvement processes using a tool available from the Centers for Disease Control and Prevention. The average scores are in the Figure 1 below.

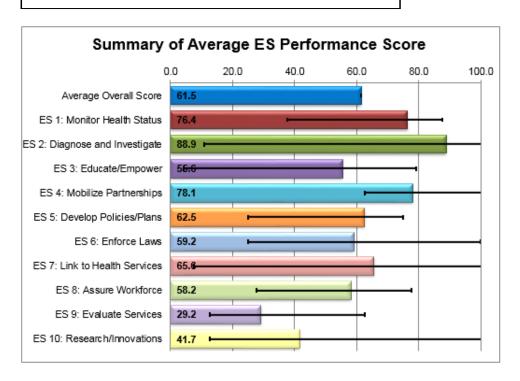


Figure 1: Public Health System Review - Ten Essential Services

Our strengths demonstrate that the community works hard to address health needs, however, there is limited evaluation of the benefits of those efforts. Additionally, it is important that programs and policies put into place are based upon the best available research and ideas for every health need. For example, to address suicide risks, the community can look at what has been tried and evaluated elsewhere before embarking on an educational, prevention or intervention program. How likely is it that the program will yield the desired results, who needs to be involved, how are individuals at risk identified, what is the financial cost and how do we pay for it are some of the questions to answer. This information will be used as the health assessment is reviewed and the community health improvement plan is developed for the cycle. Emphasis should include improvement on educating and empowering others and evaluating our efforts.

POPULATION HEALTH BY THE NUMBERS

Births

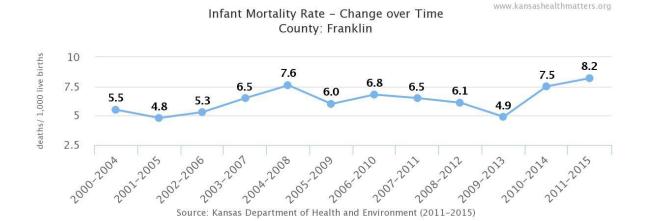
Franklin County has averaged over 320 births per year over the last decade but has experienced a slight downward trend during this period. 2016 saw the lowest number of births at 298.

While the number of births has decreased the number of abortions has also generally decreased from 39 (9.8%) in 2007 to a low of 20 in 2013 and 2014 (5.7-6%). The highest number of abortions occurred in 2010 (45) with the highest percentage being among 20-24-year-old women. This corresponded with a high unemployment rate during the recession.



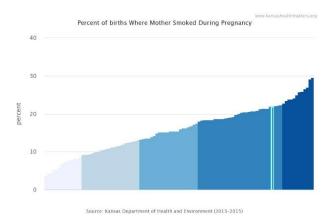
4				
			Pregnand	СУ
			Outcome	
		Live		
		Birth	Stillbirth	Abortion
	Year	Number	Number	Number
	2012	324	2	23
	2013	332	1	20
	2014	313	1	20
	2015	320	4	28
	2016	298	2	27

Additionally, the infant mortality rate has increased somewhat over last fifteen years. Infant mortality is often considered an indicator of community health. Locally, reasons for this increase are uncertain as the small population and birth numbers as well as infant deaths counts less than 5 may unduly impact the rates. Low birth weight babies are also a low number (less than 5/year) that results in questionable comparisons with other population groups.



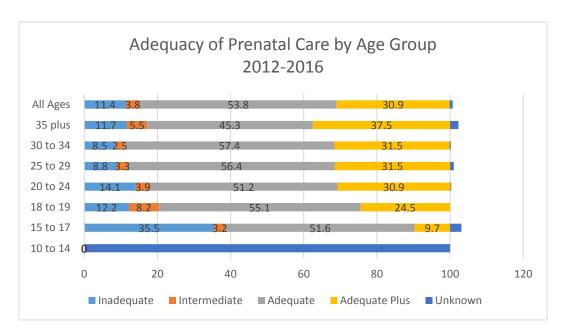
Women who smoked sometime during their pregnancy has decreased over this same time period. However, the 2016 rate of 17.1/100 is still significantly higher than the state rate of 11.8 and nationally at 8.5.8 Tobacco use has been linked to low birthweights. In 2016, 6.5% of babies born to Franklin County residents had a low birthweight.

Births: Residents of Franklin County			
Years=	2012,2013,2014,201	5,2016	
	Indicators		
	Mother Smoked Wh	<u>iile Pregnant</u>	
Age Group	Number	Rate	
10 to 14	0	0.0	
15 to 17	5	15.6	
18 to 19	31	31.6	
20 to 24	144	28.1	
25 to 29	89	18.1	
30 to 34	47	14.8	
35 plus	25	19.2	
Unknown	0	0.0	
All Ages	341	21.6	
Rates Per 100 Crude Rate			



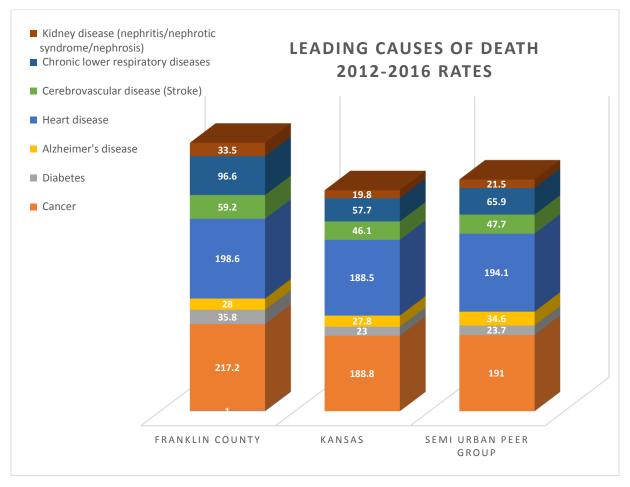
The rate of tobacco use among the Franklin County population at large is above 24%, well above the national and state rates. Considering the ages shown in the chart to the left, if is evident that stopping tobacco use at younger ages (18 and under) is important in decreasing the rates. The rates hit a high at age 18-19 from which they tend to decrease as individuals age. The difficulty in stopping a tobacco habit is well recognized. Tobacco was identified as a contributing cause of death in over 1/3 of the 296 Franklin County deaths in 2016.

Prenatal care is also considered important for the health of the child and mother. The majority of pregnant women (85%) do receive adequate or adequate plus prenatal care (Using the Kotelchuck Index) beginning in the first to second trimester.



<u>Deaths</u>

The leading causes of death in Franklin County are similar to those of the nation. The rates of Heart Disease, Cancer, and COPD are higher than the rates in the state and among peer counties. They are also well above the 2020 Healthy People Objectives. Malignant neoplasms of the trachea/bronchus/lung are the highest among cancers for 2016 at 23 cases out of 63 total. The other 21 classifications had four or less cases.



Kansas Department of Health and Environment, Kansas Vital Statistics, 2017.

All three leading causes of death in Franklin County can be associated with obesity, physical inactivity, and tobacco use. The obesity rate for Franklin County equals the state rate at 34% and another 39% of the population was considered overweight⁹. The Healthy People 2020 objective for obesity is below 30.5%. Several factors influence this high rate, including lack of regular physical activity and food choices.

A full report of health and social factors data available from Kansas Health Matters for Franklin County is found in Appendix C.

Physical Inactivity.

The Behavioral Risk Factor Survey (BRFS), 2015 indicated that only 14.7% of adults over the age of 20 get the amount of recommended aerobic and strengthening exercise¹⁰, yet the QOL respondents felt that sufficient opportunity existed. Other factors affecting physical activity include the long distances driven to work. Thirty-nine percent (39%) of residents reported traveling more than 30 minutes to work, nearly double the Kansas percentage of 20. Many jobs are sedentary or require low activity. The culture has not been to be physically active beyond work requirements. Using three years of BRFS data¹¹, the National Diabetes Surveillance System estimated that 29% of adults over the age of 20 in Franklin County participated in no leisure time activity. The Franklin County Healthy Communities Initiative in recent years has focused upon promotion of the rail trails for biking and pedestrian use and organizing groups for biking, walking, and running that encourages the social aspects of activity. Increasing screen time among the youth and adults alike and by limited requirements for public school physical activity have negatively impacted physical activity.

Nutrition and Food Choices.

Indicators of nutritional adequacy and healthy food choices were obtained from surveys of the population and a review of community policies and food environment. Half of residents live outside of Ottawa where one of two grocery stores is located. Wellsville has a smaller market with fewer choices than the Ottawa store. Other retail markets in the county are Dollar General stores in Ottawa, Pomona, and Wellsville as well as convenience stores in the small communities as well as Ottawa. These businesses offer very limited choices for healthier or fresh foods. Approximately half of restaurants and half of the convenience stores in Franklin County offer primarily fast or processed foods, although in recent years most offer healthier options today than in the past thirty years. It is unknown what percent of patrons choose the healthier options.

Convenience store survey in Franklin County of availability of fruits and vegetables - 2015

Red – no or poor availability

Yellow - limited availability

Green – Moderate to good availability

What is recognized is that selection of healthier options is dependent upon factors such as availability and cost as well as culture. Residents in general do not eat sufficient fruits and vegetables and tend toward a high red meat diet. The percent of

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residents who reported consuming fruit less than one time per day was over 50% and those consuming vegetables less than one time per day was 27% (2015 BRFS)¹²

MORBIDITY

Infectious Disease

In 2017, local public health received 112 reportable disease cases for investigation, of which 40 were confirmed. Cases investigated locally excluded food borne illness investigated by Kansas Department of Health and Environment. Outbreaks identified in 2015 for the state were noted in the

Number of Total Cases by Outbreak Classification, Kansas, 2015		
Outbreak Classification	Number of Total Cases	% of Total Cases
Norovirus	426	47.0%
Vaccine-preventable	182	20.1%
Respiratory, including influenza	206	22.7%
Enteric (not norovirus, foodborne, or waterborne)	79	8.7%
Foodborne	250	27.6%
Non-reportable condition	3	0.03%

Causative Agents for Enteric* Outbreaks, Kansas, 2015		
Causative Agent	Number of Confirmed Outbreaks	Number of Total Cases
Shiga-toxin producing Escherichia coli (STEC)	2	14
Salmonellosis	12	82
Campylobacteriosis	5	25
Shigellosis	4	19
Giardiasis	2	11
Cryptosporidiosis	1	4

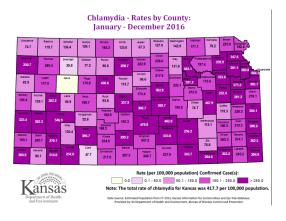
^{*} Enteric outbreaks do not include norovirus, foodborne, or waterborne outbreaks

chart below. No outbreaks were isolated in Franklin County.

Over 25 cases of Hepatitis C were recorded, leading all reportable disease cases in the county. Tickborne disease was second in the number of cases, with Spotted Fever Rickettsiosis being most commonly reported. Statewide in 2015, 147 confirmed and probable cases were reported.

Managed and reported separately were Sexually Transmitted Infections (STI). Chlamydia and Gonorrhea

continue to be significant, particularly among younger adults and older adolescents, age 15 – 24. Over 1000 cases of chlamydia were reported across Kansas each month January to June, 2017. Seventy-two (72) cases of chlamydia and 8 cases of gonorrhea were confirmed in Franklin County in 2016. Significant increases in gonorrhea and early syphilis were seen in 2015 forward. Among 300 syphilis cases reported in 2016, 87 were among people over age 40.



Immunizations

An important preventive measure for infectious disease is immunization of the population. The childhood immunization rate for Franklin County (fully immunized by age 2) using ACIP guidelines was 65% (2015-2016), down from a previous 70.6%. Rates are affected by vaccination delayed one or more days delayed past the recommended date of booster, shortages of vaccine, or failure to reach individuals with reminders. Adolescent vaccination for Human Papilloma Virus, Meningitis, and Pertussis are also important for disease prevention. These rates also fall below 70% overall. The adult rates for influenza vaccination in 2015 for adults over the age of 65 was 53.6%, landing Franklin County in the lower quartile of the state for this measure. Additionally, it was significantly less that the 76.9% in 2013. More information on immunization rates and prevention in Kansas can be found on *America's Health Rankings:* https://www.americashealthrankings.org/explore/2017-annual-report/measure/Overall/state/KS

Hospitalizations

Over 3000 hospitalizations occurred in 2016 for Franklin County residents resulting in an average length of stay of 3.8 days. Mental disorders resulted in the longest length of stay at 5.1 days, followed by 4.7 days for neoplasms and injuries/poisonings and congenital anomalies. Total days of hospitalization reported in 2016 were 11,616. The payer source for over have of those (6,675) was Medicare. Commercial insurance covered 2,848 days and Medicaid was the payer source for 1,511 days.

	Year
	2016
Diagnosis	Number
11. Complications of pregnancy, childbirth, and puerperium	278
14. Congenital anomalies	9
4. Diseases of blood and blood-forming organs	18
7. Disease of the circulatory system	522
9. Diseases of the digestive system	233
10. Diseases of the genitourinary system	148
13. Diseases of musculoskeletal system and connective tissue	253
Diseases of nervous system and sense organs	79
8. Diseases of the respiratory system	318
12. Diseases of the skin and subcutaneous tissue	39
Endocrine, nutritional, metabolic, and immunity disordrs	108
Infectious and parasitic diseases	229
16. Injury and poisoning	247
5. Mental disorders	186
2. Neoplasms	103
15. Normal newborn/Certain conditions originating in perinatal period	198
18. Other Unclassified	6
17. Symptoms, signs and ill-defined cond/factors infl health	58
999. Not Stated or Unknown	38
Total for Selection	3,064
Rotate	Download

The most frequent diagnoses of hospitalization were diseases of the circulatory system followed by those of the respiratory system. 118 of the 522 circulatory diagnosis were dysrhythmias. Pneumonia and Chronic Obstructive Pulmonary Disease (COPD) and Bronchiectasis lead hospital diagnosis for the diseases of the respiratory system. Among respiratory diseases, 95 of the 318 hospitalizations were diagnosed as pneumonia. Septicemia, often caused by Pneumonia, kidney and urinary tract infections among others, was a hospital diagnosis upon discharge 212 times in 2016. Of the 253 hospitalizations due to diseases of the musculoskeletal system, 95 were related to complications of a medical device or surgical/medical procedure. Eighty-three (83) were due to fractures.

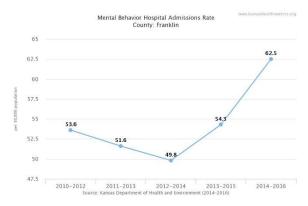
Mental disorders resulted in 186 hospital stays for Franklin County residents with 113 due to mood disorders. A concern exists as well over 18 being suicide or self-inflicted injury. Alcohol (17) and substance related injuries (5) were also noted.

Behavioral Disorders

Availability of mental health resources and facilities was a concern throughout the state, particularly since 2010 and a decrease in 2012 of state funding. In 2016, 512 Kansas residents died due to suicide, up 7.3 percent from 477 suicide deaths in 2016. Almost four-fifths (78.3%) of suicide victims were male. The two age groups with the largest number of suicides were 25-34 (106 deaths) and 35-44 (90 deaths). The three most common methods of suicide were firearms (255 deaths), suffocation (132 deaths), and poisoning (82 deaths).

Franklin County had an age-adjusted rate of 18.8/100,000 (2014-2016) similar to peer counties of Jefferson and Miami (20.0/100,000). These rates are concerning and above the state rate of 15.9 and the median rate for the state of 13.3. Contiguous counties of Osage and Douglas have rates similar to the state at 16. The Healthy People 2020 target of 10.2 is considerably less than the steady rate seen in Franklin County.

Several issues were identified by the Community Health Assessment Team related to behavioral health. Among them, were depression and other mood disorders, childhood trauma, and substance abuse.

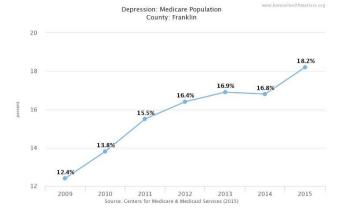


As discussed previously, hospitalizations for mental health issues resulted in the longest stays on average. This graph illustrates the alarming rise in hospitalizations for Franklin County since 2010 – 2012, to a rate of 62.5/10,000 population, slightly better than the Kansas rate of 68. Equally concerning is the rise in prevalence of depression.

The Elizabeth Layton Center for Hope and Guidance (ELC) serves as the Community Mental Health Organization in Franklin and Miami Counties. Annually, ELC sees over 2000 patients and provides 63,000 services in Franklin County alone. The 2016 annual Diagnostic Summary indicated the following reasons for Franklin County patients seen at ELC¹³:

- Depression 31.5%
- Anxiety 22.6%
- Neurodevelopmental 18.9%
- Adjustment Disorders 8.8%
- Bipolar Disorders 8.0%
- Schizophrenia Spectrum 6.6%
- Substance Use 2.6%
- Obsessive Compulsive Disorders 1.0%

More attention recently has been given to the long-term effects of trauma experienced by children. Substance use and abuse in the home, bullying experienced at school or other locations, child abuse and neglect,





poverty are among the many factors demonstrated to influence a child's health and future success. Among children with depression (2016 National Survey of Children's Health¹⁴), 41% lived in poverty; a distinct difference from the 13.8% living above 400% of poverty. A comparison of those without depression showed 14% of children living below the poverty level. Fortunately, recent reports show a decrease in the child food insecurity rate, yet still high at 21.3% (2015, Feeding America)¹⁵ Further 1/3 of children with depression or anxiety missed 11 or more days of school due to illness or injury and 43.5% experienced disruption in daily activities. Five percent of Kansas children reported not getting all the care they needed.¹⁶

Being bullied is an adverse event that can effect children in school and home. A 2016 Communities that Care survey indicated that nearly 27% of Kansas children were bullied, picked on, or excluded; higher than the national percent of 22.6.¹⁷ Forty-one percent of Franklin County youth reported seeing someone bullied 1-2 times a month in 2017¹⁸ Over 16% reported being cyber bullied 1-2 times per month, well above the state percent of 12.35%. Alarming numbers of Franklin County youth (23%) from grades six through twelve reported having considered suicide ever and over 15% have had a plan to kill themselves.

Intake for child abuse or neglect was conducted 755 times in Franklin County, 2017. Statewide, 5.9% of children experience recurrent maltreatment. The United States has one of the worst records among industrialized nations, losing on average four to seven children every day to child abuse and neglect. All these experiences indicate a need for trauma-informed care. Over 31% of ELC cases were children under the age of 18^{19}

Substance abuse among Franklin County youth and adults is climbing as it is across the nation. Several indicators show Franklin County youth using or misusing drugs and alcohol at a rate higher than the state. Students on the Communities That Care Survey 2016²⁰ reported:

• Drunk or high at high school in last 12 months at least once 6.06% (KS 4.9) 7)
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• Used prescription pain relievers not prescribed for them (past 30 days) 3.05% (KS 2.38)

• Very easy to get marijuana 18.76% (KS 16.78)

Used marijuana at least once in past 30 days
 8.10% (KS 6.55)

Social Determinants of Health

Figure 1 Social Determinants of Health



The evidence is clear that poverty, poor housing, limited education and the environment in which we live greatly impacts our health and the health of our community. To positively impact health issues we must also address the underlying social determinants. Figure 1 identifies factors to be considered in community health improvement.

COMMUNITY REVIEW AND PRIORITIZATION

Beginning in August through December of 2017, a six-member sub-committee met to discuss the health status data, surveys, and individual organization's information and experiences relative to Franklin County's health and welfare. The group recognized that age groups and other population sub-groups could experience very different health issues. The sub-groups for whom data were available and population numbers were sufficient for separate consideration were age groups. The committee decided to look separately at four age groups: eight and under, 9 - 19, 20 - 64, and 65 and over. Children were divided into two groups to address stages of development and sensitively to social experiences. Further, children were seen as being more amenable to successful interventions and prevention efforts and therefore were received a greater focus. The older adult population was believed to be somewhat more difficult to influence but of significant needs. That left the entire adult population as one group for consideration.

A brainstorm activity was conducted to isolate age group health issues of greatest concern. A prioritization matrix (Appendix D) was used to narrow down the issues for consideration. The committee first identified criteria to be used for evaluation and then determined weights for the importance of each criterion. The next step was to score each health issue for each criteria. The weighted scores were then used to rank the issues following discussion and review of each issue. Table 1 includes all brainstormed issues with the five highest scoring issues highlighted in yellow and listed in rank order.

TABLE 1: Prioritized Health Issues b	y Age Group
Child abuse and neglect Obesity Physical inactivity and screen time Immunizations Mental health Accidental injuries School attendance Asthma/allergies	9 to 19 Obesity Substance use and abuse Suicide and mood disorders Bullying, including cyber bullying STIs Tobacco and marijuana use Screen time, including texting while driving Poor life skills Early psychosis Education/job skills
Obesity Cardiovascular disease Substance abuse Healthy and affordable housing Employability and quality, well paying jobs Medical insurance – access to care Driving long distances to work Diabetes Suicide and mood disorders Respiratory diseases	Chronic disease management Suicide and depression Nutritional status and obesity Healthy and affordable housing Poor dental care and dental status Asthma Alcohol/binge drinking Arthritis Absence of in-home care Falls Isolation and limited socialization Dementia, including Alzheimer's disease

The final subset of health issues were presented to the entire CHACHIP Team for final review and selection of Community Improvement Plan focus areas. A general consensus was reached on two issues found across all age groups as greatest priority: Obesity and Behavioral Health.

SUMMARY

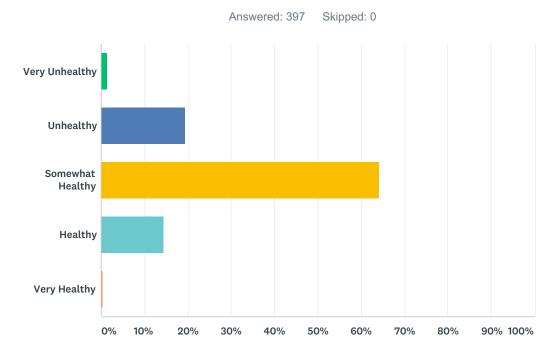
The data presented in this document is limited to issues that rose to the top of interest and concern for CHA committee members. Three key data banks are available for those who are looking for additional information or more in-depth information on the health of Franklin County residents. Please refer to the County Health Rankings and Roadmap (http://www.countyhealthrankings.org/) or (http://www.countyhealthrankings.org/app/kansas/2017/rankings/franklin/county/outcomes/overall/snapshot), Kansas Health Matters (http://www.kansashealthmatters.org/) or (Kansas Health Informatics at http://www.kansashealthmatters.org/) or (http://www.kansashealthmatters.org/) or (http

The Franklin County reports on health related data from Kansas Health Matters and the County Health Rankings are found in Appendix C and Appendix B, respectively. For assistance or other data recommendations, please contact Franklin County Health Department.

APPENDIX A

Quality of Life Survey – Franklin County 2016-2017

Q1 In general, how would you rate the overall health of our community?



ANSWER CHOICES	RESPONSES	
Very Unhealthy	1.51%	6
Unhealthy	19.40%	77
Somewhat Healthy	64.23% 2	255
Healthy	14.36%	57
Very Healthy	0.50%	2
TOTAL	3	397

Q2 If you said "Unhealthy" or "Very Unhealthy", please tell us why.

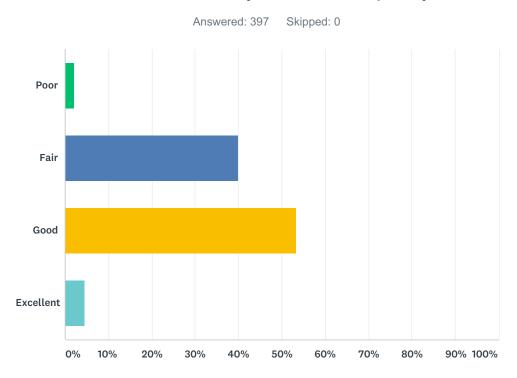
Answered: 85 Skipped: 312

#	RESPONSES	DATE
1	People can't take time off work when sick because cost of living is too high.	1/6/2017 9:30 AM
2	Too many drugs and trash in this town	1/6/2017 9:23 AM
3	lots of drug abuse	1/6/2017 9:18 AM
4	there are many people who cannot afford to go to the doctor or hospital. the cost of healthcare is very high	12/18/2016 11:52 AM
5	Everyone in our town eats at Caseys. Nothing healthy there.	12/16/2016 9:01 AM
6	Lots of drug use. Not too many things to do. Sidewalks are terrrible	12/7/2016 2:25 PM
7	many people living unhealthy lifestyles and overweight	12/7/2016 1:53 PM
8	a lot of unhealthy people	12/7/2016 10:28 AM
9	No health care	12/7/2016 9:22 AM
10	This would mean that there is no possible benefit of nutrients	12/7/2016 9:07 AM
11	Too many overweight young people	12/7/2016 8:57 AM
12	School lunches aren't what they used to be. Too many temptations for "easy"	12/7/2016 8:44 AM
13	Not enough free activities. Bad school breakfast and lunches	12/7/2016 8:40 AM
14	Lack of activities	12/6/2016 2:48 PM
15	constant eating out	12/6/2016 2:09 PM
16	Not proper access to healthy food services	12/6/2016 2:06 PM
17	many live in poverty can't afford meals	12/6/2016 2:01 PM
18	There aren't very man options and the options we do have aren't the best	12/6/2016 1:12 PM
19	Not good food choices are made by everyday people	12/6/2016 11:53 AM
20	That's what everyone tells me since there's so many fast food restaurants	12/6/2016 11:15 AM
21	I said unhealthy to somewhat unhealthy because more and more teens are sexually active or getting involved in drugs and common sense would say young kids involved in both is in fact unhealthy	12/2/2016 8:55 AM
22	Housing not affordable. Not enough jobs	12/1/2016 9:28 AM
23	LOTS OF METH HEADS AND OTHER DRUG USERS RUNNING AROUND	11/23/2016 10:33 PM
24	Just based off of overall appearances when I see people in public.	11/18/2016 8:57 AM
25	Too many fast food places	11/16/2016 5:09 PM
26	Too many people on meth, and the law doesn't do anything to solve it.	11/16/2016 9:25 AM
27	Obesity, smoking, upper respiratory problems	11/16/2016 9:20 AM
28	If they are not on illegal drugs	11/16/2016 9:09 AM
29	It is, just look around.	11/16/2016 8:48 AM
30	People on the streets hungry for fresh fruits and vegetables	11/16/2016 8:45 AM
31	Disability	11/16/2016 8:30 AM
32	Disablility	11/16/2016 8:21 AM
33	lower income folks. poor yard and house upkeep folks	11/10/2016 4:07 PM

	NOT EAT THE HEALTHIEST OF FOOD EVEN THOUGH IT IS PROVIDED TO THEM FREE OF CHARGE AND DO LITTLE TO NO EXERCISE BECAUSE THEY DO NOT HAVE TO LEAVE	
61	I WOULD SAY THAT MOST OF OUR COMMUNITY ARE LOW INCOME AND THEREFORE DO	10/19/2016 3:01 PM
60	I think that while there are healthy options, the options are not highlighted for the community to choose easily.	10/19/2016 3:05 PM
59	I see many people that are overweight and not active outside.	10/19/2016 4:21 PM
58	Poor nutrition and prenatal care. Substance abuse and poor living conditions. Poor dental care.	10/19/2016 5:03 PM
57	Obesity, diabetes, other chronic health issues from poor dietary choices and lack of exercise	10/19/2016 6:00 PM
56	I chose unhealthy for "in general overall health" due to the fact that a large part of the population appears to be unhealthy or barely maintaining an unsick condition. The overall self made environments (home), socioeconomic status, education level/employment status seem on the lower end of health.	10/19/2016 9:16 PM
55	There appears to be a lot of obesity, kids who play on electronics instead of outside activities, and adults who are stressed a lot of the time.	10/20/2016 6:12 AM
54	The combination of excessive tobacco use and limited dining options in our community, particularly fast food.	10/27/2016 7:37 AM
53	A lot of poverty and drugs in this community with just a few resources available and not enough information on how to get the help that's available	10/27/2016 7:42 AM
52	A lot of negativity abounds with peoples attitudes in the community.	10/27/2016 8:03 AM
51	Visual evidence of obesity, all forms of tobacco use, lack of interest in walking/biking, lack of healthy dining choices.	10/27/2016 8:03 AM
50	Poverty is high. Poor people do not have access to healthy options.	10/27/2016 8:16 AM
49	overweight	10/27/2016 9:27 AM
48	Obese is building up among children and adults. The average size in store is no longer what fits most kids these days.	10/27/2016 9:33 AM
47	Observation of so many obese young and old. Too many are still smoking.	10/27/2016 9:52 AM
46	overweight, do not work at a job	10/27/2016 10:03 AN
45	I see a lot of people smoke, and have trouble walking.	10/27/2016 11:34 AN
44	Our population mirrors what we see on a national level, obesity, overweight, poor lifestyle habits, low levels of physical activity, inadequate access to healthy and nutritional foods, over-reliance on medication and sick care to solve problems that began many decades before exhibiting signs or symptoms.	10/27/2016 11:49 AM
43	There is a lot of people without health insurance	10/28/2016 1:37 PM
42	Not enough help for the homeless.	10/29/2016 7:32 PM
41	I feel that we have a high poverty rate. This goes hand in hand with low education on nutrition and also finding the cheapest foods to feed families.	10/31/2016 11:31 AM
40	It depends on the class of people you are in the community is still being run by the haves not the have nots this to me hurts the community's connections. It like most people do not have a voice.	11/1/2016 9:30 AM
39	Large number of citizens who appear obese.	11/1/2016 1:50 PM
38	not enough stuff for our kids to do	11/2/2016 8:43 AM
37	There is a lot of people without health insurance	11/2/2016 8:52 AM
36	Crime rate; housing conditions are poor; drug culture; apathy	11/5/2016 8:15 PM
	Drug use, tobacco use, crime, and poverty	11/7/2016 2:28 PM

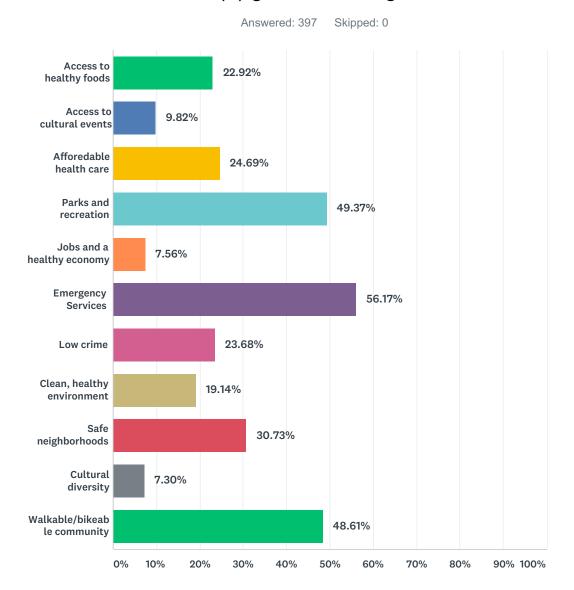
63	There is a lot of overweight people in our community. Even worse yet, everyday you read about the drug use in Franklin county.	10/19/2016 2:52 PM
64	overweight, lack of exercise	10/18/2016 8:12 AM
65	Too many drug addicts and overweight people in our COUNTRY.	10/18/2016 7:34 AM
66	I see over weight people and I see kids that don't get out and exercise.	10/17/2016 8:52 PM
67	Not good habits in families	10/17/2016 5:04 PM
68	To many electronic people don"t get out anymore so there for people sit and fill their time with electronics. No,Excersie	10/17/2016 4:39 PM
69	Drug use an issue, lots of sick kids in schools	10/17/2016 4:21 PM
70	Too many people eating/drinking junk. Being lazy and not getting out and doing things.	10/17/2016 4:09 PM
71	Obesity, poor eating habits, lack of exercise, smoking	10/17/2016 3:19 PM
72	Too much drug addiction/use	10/17/2016 2:11 PM
73	There are high rates of mental health and teen pregnancy. Much of the community is poverty-level or below, which makes it very difficult to attain healthcare and mental healthcare.	10/17/2016 1:02 PM
74	This town is full of people on drugs and rude people who speed all over town without a care about anyone else's safety.	10/17/2016 11:12 AM
75	I consider health to include physical health and mental health. A healthy community also has opportunity for real advancement when it comes to jobs and education. Ottawa seems to be lacking in these areas.	10/17/2016 10:45 AM
76	Costs of fast food Compared to healthy food. And organic food is outrageous. Also health awareness in the community I feel is poor. I feel a lot of the elderly especially have a hard time knowing medication what they are for, the times they should take it, or remembering if they have taken it already for the day or took it earlier.	10/17/2016 9:51 AM
77	Terrible eating habits. Lazy health styles.	10/17/2016 9:18 AM
78	Have you been to Walmart and seen a sampling of the individuals who live in this community? Watch what goes in their carts and how obese the population is. Unfortunately it is the same all over America.	10/17/2016 8:26 AM
79	There is large number of the population that appears to be over weight, still lots of tobacco use, and drug and alcohol use.	10/17/2016 8:22 AM
80	May people are over weight, smoke and use prescription drugs for many ailments they have when diet and exercise will cure them. Also our water is polluted and turns everything a lovely shade of orange.	10/14/2016 9:02 AM
81	The number of overweight people.	10/13/2016 7:15 PM
82	I work in the healthcare profession and see it on a daily basis. There are many people with multiple chronic conditions that are life impacting.	10/13/2016 12:46 PM
83	Obesity and fast food runs rampant.	10/13/2016 9:48 AM
84	Obesity is all over town.	10/13/2016 8:37 AM
85	People do not take care of themselves. Fast food is made to easily attainable. Healthy food is expensive and junk food is cheap so that is what people buy. If healthy food was cheaper than junk food, it would be better.	10/13/2016 7:52 AM

Q3 Overall, how would you rate our quality of life?



ANSWER CHOICES	RESPONSES	
Poor	2.02%	8
Fair	40.05%	159
Good	53.40%	212
Excellent	4.53%	18
TOTAL		397

Q4 What are the three (3) greatest strengths of Franklin County?

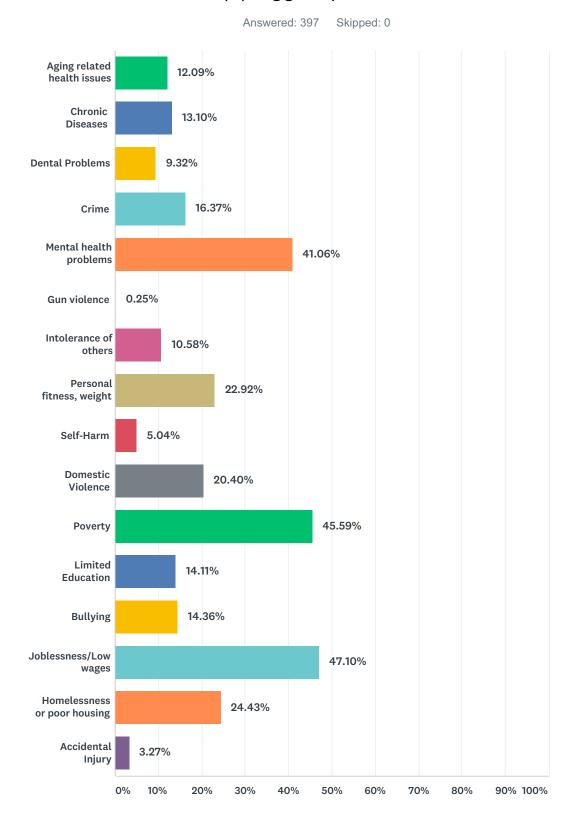


ANSWER CHOICES	RESPONSES	
Access to healthy foods	22.92%	91
Access to cultural events	9.82%	39
Afforedable health care	24.69%	98
Parks and recreation	49.37%	196
Jobs and a healthy economy	7.56%	30
Emergency Services	56.17%	223
Low crime	23.68%	94
Clean, healthy environment	19.14%	76
Safe neighborhoods	30.73%	122
Cultural diversity	7.30%	29

Walkable/bikeable community 48.61% 193
Total Respondents: 397

#	OTHER (PLEASE SPECIFY)	DATE
1	Really none of the above. Franklin Co. is all about tax and spend	12/16/2016 8:55 AM
2	I don't live here, but I feel safe	12/6/2016 11:15 AM
3	The help getting food really helps	11/16/2016 8:58 AM
4	Location to Lawrence/Olathe-KC	11/5/2016 8:15 PM
5	Safe neighborhoods and clean and healthy environment	11/2/2016 9:06 AM
6	none	11/2/2016 8:43 AM
7	Close to metro area with affordable housing	11/1/2016 1:50 PM
8	I only see one choice which is positive in this community which is local law enforcementnot a good survey to have to answer for 3 things when there are not 3 positive things that is in this community	10/27/2016 12:33 PM
9	Easy access to metro	10/27/2016 8:16 AM
10	A clean environment (not necessarily healthy)	10/27/2016 8:06 AM
11	I would like to check (more than three) that generally address the same issues	10/27/2016 8:03 AM
12	The people that live here.	10/27/2016 7:53 AM
13	None	10/20/2016 7:49 AM
14	Since of Togetherness	10/18/2016 8:15 PM
15	City of Ottawa (not too big or small) but still close to metro area	10/17/2016 3:19 PM
16	I think Ottawa could improve on all of these	10/17/2016 10:45 AM
17	Lots of community events, parades,car shows, etc.	10/17/2016 9:51 AM
18	Only one answer is correct, but could not go on until 3 were answered. So these are false	10/14/2016 9:02 AM
19	easy access to outside services for shopping and extended health needs	10/13/2016 7:40 AM

Q5 What are the three (3) biggest problems for Franklin County?



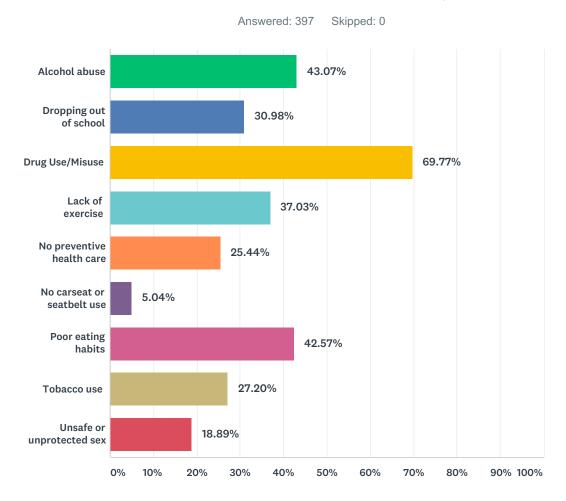
ANSWER CHOICES	RESPONSES	
Aging related health issues	12.09%	48

13.10%	52
9.32%	37
16.37%	65
41.06%	163
0.25%	1
10.58%	42
22.92%	91
5.04%	20
20.40%	81
45.59%	181
14.11%	56
14.36%	57
47.10%	187
24.43%	97
3.27%	13
	9.32% 16.37% 41.06% 0.25% 10.58% 22.92% 5.04% 20.40% 45.59% 14.11% 14.36% 47.10% 24.43%

#	OTHER (PLEASE SPECIFY)	DATE
1	Too many people on government assistance	12/16/2016 9:01 AM
2	Folks living off the government/too many handouts	12/16/2016 8:58 AM
3	drugs and taxes	12/16/2016 8:55 AM
4	drug and alcohol abuse	12/7/2016 1:53 PM
5	addiction	12/7/2016 1:46 PM
6	Lack of growth in county and city. Restaurants, shops, business	12/7/2016 1:32 PM
7	Lack of involvement of schools	12/7/2016 9:04 AM
8	nothing to do	12/6/2016 2:06 PM
9	Lack of transportation	12/6/2016 11:15 AM
10	Not much for youth to do	12/2/2016 8:55 AM
11	There is really nothing that does not cost an arm and a leg for the kids and for adults	12/2/2016 8:49 AM
12	Not enough help for poor people	11/16/2016 9:06 AM
13	Dental problems and domestic violence	11/2/2016 9:06 AM
14	Drugs and alcohol addiction, homelessness	10/31/2016 11:31 AM
15	Drugs	10/27/2016 10:59 AM
16	transportation	10/27/2016 9:22 AM
17	In addition, I would include limited education, Chronic desease, and domestic violence	10/27/2016 8:03 AM
18	Not enough recreation for exercise	10/25/2016 8:56 AM
19	There is very little for teenagers to do around town. It's been that way for way too long. Downtown businesses aren't open late enough during week in my opinion. Cable providers have always been an issue with me, not enough and overpriced for the one true Local choice. Need competition for that. Over priced on housing for rent. It's Franklin County not Johnson County	10/20/2016 9:29 AM

20	Individual body fitness/weight/health place people on disability leading to lower employment/activity within the community	10/19/2016 9:16 PM
21	Drugs	10/19/2016 3:10 PM
22	High cost of rent & taxes	10/19/2016 2:48 PM
23	all of the above	10/19/2016 2:48 PM
24	Drugs	10/19/2016 2:40 PM
25	Drugs	10/18/2016 9:29 AM
26	Drug, alcohol issues	10/18/2016 7:52 AM
27	Lack of cultural diversity.	10/17/2016 8:52 PM
28	Drugs	10/17/2016 4:49 PM
29	Drug Abuse	10/17/2016 4:00 PM
30	Drugs	10/17/2016 9:51 AM
31	Drugs	10/13/2016 7:52 AM
32	Cost of living is pretty high	10/13/2016 7:19 AM

Q6 What are the three (3) behaviors that have the biggest impact on the overall health of our community?

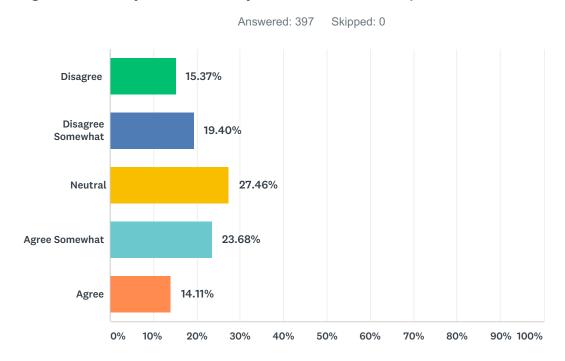


ANSWER CHOICES	RESPONSES	
Alcohol abuse	43.07%	171
Dropping out of school	30.98%	123
Drug Use/Misuse	69.77%	277
Lack of exercise	37.03%	147
No preventive health care	25.44%	101
No carseat or seatbelt use	5.04%	20
Poor eating habits	42.57%	169
Tobacco use	27.20%	108
Unsafe or unprotected sex	18.89%	75
Total Respondents: 397		

#	OTHER (PLEASE SPECIFY)	DATE
1	The general mindset of people in this community is an extremely arrogant level of ignorance which leads to an utter lackk of understanding and empathy that we should feel for each other	1/6/2017 9:30 AM

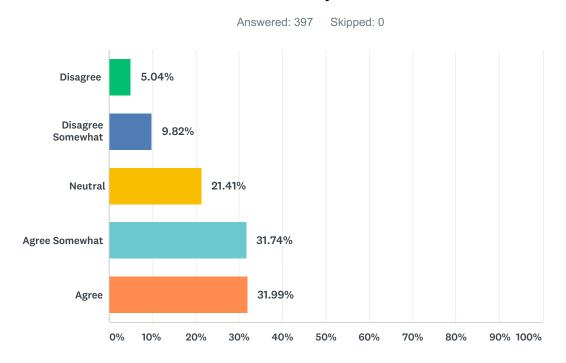
2	teen pregnancy usually single	12/19/2016 1:15 PM
3	Zero parent involvement in schools	12/7/2016 9:07 AM
4	non affordable healthy foods	12/7/2016 8:40 AM
5	meth use	12/6/2016 2:06 PM
6	Also harrasment and a feeling that an interaction with local law inforcement could be dangerous or end in someone being incarcerated for nothing. The older and younger people are expressing this.	12/2/2016 8:49 AM
7	LACK OF RESPONSIBLE "ADULTS" RAISING CHILDREN	11/23/2016 10:33 PM
8	lack of responsibility	11/8/2016 8:27 AM
9	Poor eating habits and alcohol abuse	11/2/2016 9:06 AM
10	It stems from family life, then to social groups to adulthood	10/28/2016 9:12 AM
11	not using preventive health care	10/28/2016 9:02 AM
12	alcohol too!	10/27/2016 11:34 AM
13	I would also inlcude drug usage and Ttbacco use	10/27/2016 8:03 AM
14	Teens get bored in my opinion with nothing to do which lead to many of them going down wrong paths. And a new skate park is not going to help	10/20/2016 9:29 AM
15	Preventative Health Measures	10/18/2016 8:15 PM
16	The young here are self absorbed, self entitled, and self centered	10/17/2016 10:35 PM
17	I am not sure about my responses, but I was asked to choose 3.	10/17/2016 3:00 PM
18	All of these behaviors are not the root of the problem, they are the result of the problem.	10/17/2016 10:45 AM
19	Tobacco and alcohol should be in the drug abuse topic	10/17/2016 8:26 AM
20	Lack of education about healthy habits	10/13/2016 9:48 AM

Q7 In general, my community has sufficient options for healthy eating



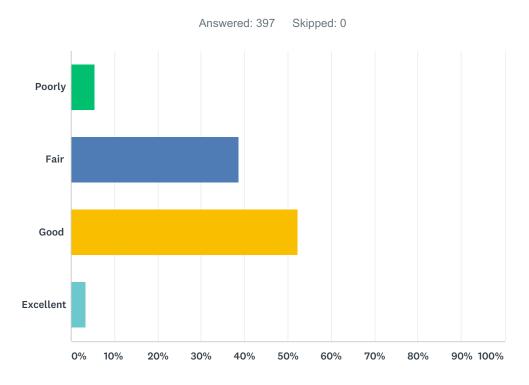
ANSWER CHOICES	RESPONSES	
Disagree	15.37%	61
Disagree Somewhat	19.40%	77
Neutral	27.46%	109
Agree Somewhat	23.68%	94
Agree	14.11%	56
TOTAL		397

Q8 In general, my community has sufficient opportunities for physical activity.



ANSWER CHOICES	RESPONSES	
Disagree	5.04%	20
Disagree Somewhat	9.82%	39
Neutral	21.41%	85
Agree Somewhat	31.74%	126
Agree	31.99%	127
TOTAL		397

Q9 How well does Franklin County meet the health needs of its residents?



ANSWER CHOICES	RESPONSES	
Poorly	5.54%	22
Fair	38.79%	154
Good	52.39%	208
Excellent	3.27%	13
TOTAL		397

Q10 If you answered poor or fair to Question 9, please tell us why.

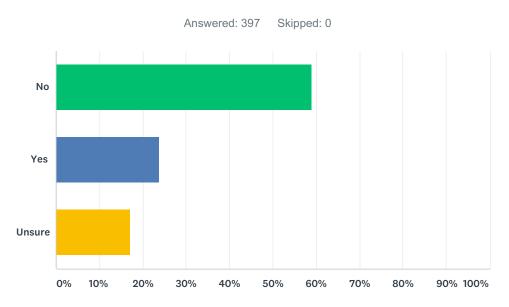
Answered: 78 Skipped: 319

#	RESPONSES	DATE
1	Utility costs have risen by several dollars monthly for the past 4 years now yet there's been very little done in the way of improving our community in these areas.	1/6/2017 9:30 AM
2	Dental coverage for medical card holders over 18yrs. is not available	1/6/2017 9:18 AM
3	Not a dentist for the poor	1/6/2017 9:14 AM
4	It would help to have at least one natural grocery/health food store. Also a free place indoors to walk/exercise like the Goppert Bldg. used to be	12/19/2016 1:15 PM
5	there are not enough services	12/18/2016 11:52 AM
6	People can't afford health care	12/7/2016 2:13 PM
7	Need to make fresh healthy food more available to those that can't afford grocery store/WalMart prices	12/7/2016 2:00 PM
8	a lot of adults with no insurance so they can't afford healthcare	12/7/2016 1:57 PM
9	Harvesters foods are always about to or are expired	12/7/2016 8:40 AM
10	need more healthy food options	12/6/2016 2:35 PM
11	not enough opportunities	12/6/2016 2:09 PM
12	There needs to be more free access to gyms	12/6/2016 1:54 PM
13	There's not very much advertising about the health services available	12/6/2016 1:12 PM
14	It gives plenty of opportunity to be healthy	12/6/2016 1:05 PM
15	Hospitals and pharmacies are nearby	12/6/2016 11:53 AM
16	People on the far North side need access to healthier foods	12/6/2016 11:15 AM
17	the prices of food	12/2/2016 8:49 AM
18	transportation out of town	12/2/2016 8:34 AM
19	Some people don't know where to go. Get the word out	12/1/2016 9:28 AM
20	EVEN THOUGH WE HAVE MANY WORKOUT FACILITIES, I CAN DRIVE A FARTHER DISTANCE AND GET MORE SPECIALIZED CARE FOR MY EXCERSIZE AS WELL AS BETTER FACILITIES	11/23/2016 10:33 PM
21	I feel that people don't get the help they need because if someone is really sick in the head they could hurt someone or themselves.	11/16/2016 5:09 PM
22	Too many times patients have been "treated and streeted" and unfortunate ability for Drs. to reject or decline people for treatment due to past inability to pay.	11/16/2016 9:20 AM
23	If you are poor with no insurance, it is hard to get help.	11/16/2016 9:06 AM
24	Look around	11/16/2016 8:48 AM
25	Need proper fruits and vegetables, not mush.	11/16/2016 8:45 AM
26	If you are middle class and have insurance and high deductables costs almost prohibit you still from going to doctor. Having to pay \$115 for office visit cause insurance doesn't pay is not good.	11/14/2016 2:22 PM
27	I'm not sure how the county effects health	11/14/2016 11:47 AM
28	It's not important to a lot of people to become better educated on what "healthy" means	11/10/2016 4:07 PM
29	Where does the county spend money on recreation	11/10/2016 9:24 AM
30	adults don't have much access if low income for dental and vision	11/10/2016 9:09 AM

31	mismanagement of resources	11/8/2016 8:27 AM
32	Limited specialists related in the mental health area; small communities with no regular law enforcement to monitor drug culture	11/5/2016 8:15 PM
33	Deals well with Ottawa-rest of county left on its own	11/2/2016 8:28 AM
34	To much fast food and drugs in this area	11/1/2016 9:30 AM
35	local hospital is questionable, and is known as just a "bandaid" hospital.	10/29/2016 6:58 PM
36	We need a swimming pool for the handicaped .	10/28/2016 9:02 AM
37	Too expensive and not conducive to working class	10/27/2016 12:33 PM
38	Franklin County has all the services necessary to meet the health needs of our community, the challenge is our health services are focused on sickness care and not health or wellness based care.	10/27/2016 11:49 AM
39	Lack of healthy, reasonably priced restaurants. We have tons of fast food choices. That dollar menu is hard to beat.	10/27/2016 10:59 AM
40	Simply look at the statistics and facts.	10/27/2016 8:16 AM
41	More education/information of opportunities to the public.	10/27/2016 7:53 AM
42	Not enough information about what's available for those without insurance.	10/27/2016 7:42 AM
43	Need more activities for the whole family to do for exercise.	10/25/2016 8:56 AM
44	I think there is not dental health as much as I am aware of.	10/21/2016 12:37 PM
45	Need more places for fresh food but at a cost that is reasonable.	10/20/2016 10:54 AM
16	Not always are the residents needs considered but the counties needs are put first.	10/20/2016 4:07 AM
17	Prenatal care .	10/19/2016 5:03 PM
18	Poor access	10/19/2016 4:22 PM
49	Not enough funding to help mental illness & substance abuse (drugs/alcohol)	10/19/2016 3:30 PM
50	If you are a man with a low paying job, you can't afford to get insurance, you can't go to the dr. If you do, you can't afford to make payments or you won't be able to pay rent. You have to choose between having a place to live or going to the dr. and being homeless to pay for it.	10/19/2016 2:52 PM
51	While we have a local community hospital as well as other medical service providers, I don't believe community members use said service providers.	10/19/2016 2:48 PM
52	To many different organizations trying to serve the public is confusing	10/19/2016 2:38 PM
53	I think we need more healthy food options.	10/19/2016 12:50 PM
54	There seems to only be exercises specially catered to a certain group of people, like Jazzercise, yoga, lifting weights, etc.	10/18/2016 8:15 PM
55	Rural areas don't have the options that Ottawa has, no fitness centers in smaller towns, places to work out.	10/18/2016 3:30 PM
56	limited specialists	10/18/2016 2:50 PM
57	There are many means of various health and exercise programs, all of which come at a cost. This is not always something families can afford. The same is true with with sufficient options for healthy eating. Franklin County does not have many available options when it comes to dining that isn't fast food.	10/18/2016 12:43 PM
58	Receiving health care for low-income.	10/18/2016 7:52 AM
59	There is so many disfunctional families or single parent homes with not education to become employable.	10/18/2016 7:45 AM
60	Seniors in FC have very limited resources & need considerably more services. See options in Douglas County.	10/18/2016 5:52 AM

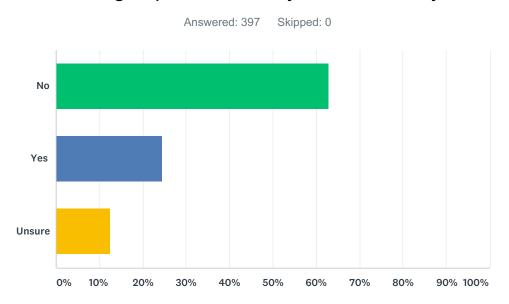
62	There aren't many opportunities for exercise, such as bike trails and sidewalks except in Ottawa.	10/17/2016 6:05 PM
63	Too many small towns with nothing to do. Have to travel for good heath needs.	10/17/2016 4:09 PM
64	Neutral	10/17/2016 10:45 AM
65	Fast food restaurants I feel are prevelant. There are few "good" restaurants that you can have a sit down actual meal. (Sirloin, riverside diner, applebees, various Mexican restaurants). Price chopper has helped a bit with bringing in more Diversity of fresh produce. However to have food without question of the things that are being put into them, especially meats, is outrageously expensive (organic food, especially organic meat).	10/17/2016 9:51 AM
66	Affordable healthcare for low income residents (which is also a nationwide problem)	10/17/2016 9:35 AM
67	If you have money your golden if you don't you are a nusence	10/17/2016 9:32 AM
68	Mental health care is lacking.	10/17/2016 8:26 AM
69	It was unfortunate when the Goppert started charging for the use of it. This was an option that was taken away from those who can't afford a gym membership. There are not any healthy and affordable options to eat out. Sometimes eating out is necessary and convenient.	10/17/2016 8:26 AM
70	In my community there is not a sufficient source of healthy foods to eat also no outdoor trails for biking, walking. Our fresh water supply is terrible	10/14/2016 9:02 AM
71	Need simplified, continuous, aggressive healthy eating education program starting at preschool through elderly.	10/13/2016 7:15 PM
72	Drug use continues to be a problem in my area	10/13/2016 7:40 AM
73	Have services but not adequate	10/12/2016 7:30 PM
74	There are trails and parks - but not much community based activities and programs.	10/12/2016 4:10 PM
75	Fair - because there are many unhealthy citizens residing in Fr Co, due to physical and/or mental disease.	10/12/2016 4:06 PM
76	Even with Affordable Health Care Act, there are many that still have no or are under insured. If you fall into that catagory and go to the hospital, then they look at you as a second rate citizen. The doctors office's are always full, but the people who need help as in free screenings or preventative care are not offered. The dental issue is awful, this is one of the most under insured areas and the most expensive.	10/12/2016 3:45 PM
77	I think the overall health of our community is influenced by individual's physical, mental, emotional and spiritual well-being. I would like to see more collaborative efforts across like-minded organizations with similar interests to strengthen the overall health needs of our community. Providing these services is extremely multi-faceted and there isn't one solution, but many solutions achieved by numerous organizations and service providers doing so collaboratively.	10/12/2016 3:29 PM
78	I feel like opportunities for healthy living and education on health exist, but not everyone is aware of or has the resources to always access those opportunities. Just connecting those dots would make a big difference.	10/12/2016 2:26 PM

Q11 Are you aware of efforts in your community to promote smoking cessation?



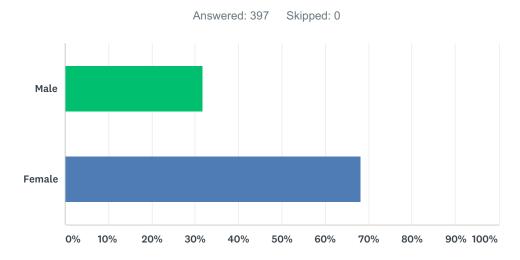
ANSWER CHOICES	RESPONSES	
No	58.94%	234
Yes	23.93%	95
Unsure	17.13%	68
TOTAL		397

Q12 Were you aware of the Pathways to a Healthy Kansas Initiative that is being implemented in your community?



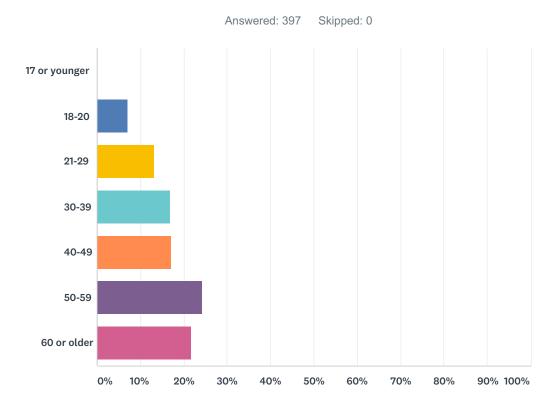
ANSWER CHOICES	RESPONSES	
No	62.97%	250
Yes	24.43%	97
Unsure	12.59%	50
TOTAL		397

Q13 Are you male or female?



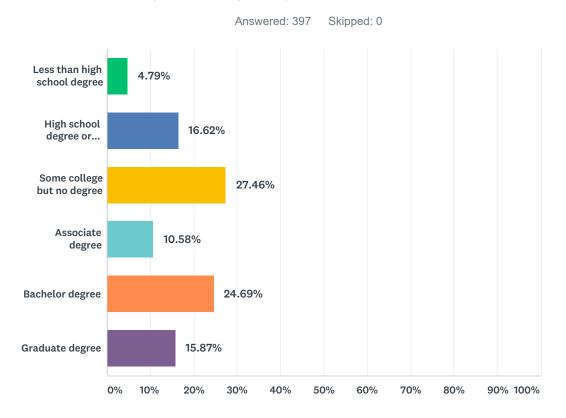
ANSWER CHOICES	RESPONSES	
Male	31.74%	126
Female	68.26%	271
TOTAL		397

Q14 What is your age?



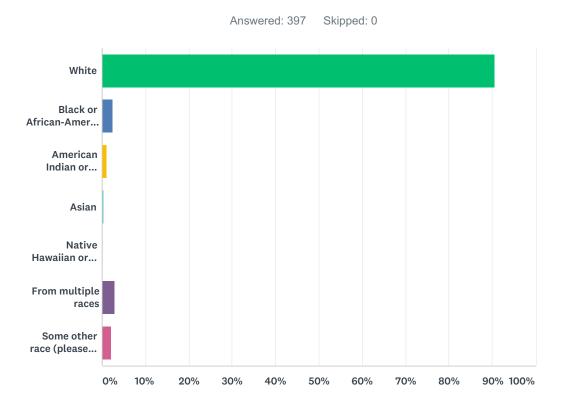
ANSWER CHOICES	RESPONSES	
17 or younger	0.00%	0
18-20	7.05%	28
21-29	13.10%	52
30-39	16.88%	67
40-49	17.13%	68
50-59	24.18%	96
60 or older	21.66%	86
TOTAL		397

Q15 What is the highest level of school you have completed or the highest degree you have received?



ANSWER CHOICES	RESPONSES	
Less than high school degree	4.79%	19
High school degree or equivalent (e.g., GED)	16.62%	66
Some college but no degree	27.46%	109
Associate degree	10.58%	42
Bachelor degree	24.69%	98
Graduate degree	15.87%	63
TOTAL		397

Q16 Please select the option below that best describes your race.



ANSWER CHOICES	RESPONSES	
White	90.68%	360
Black or African-American	2.52%	10
American Indian or Alaskan Native	1.01%	4
Asian	0.50%	2
Native Hawaiian or other Pacific Islander	0.25%	1
From multiple races	3.02%	12
Some other race (please specify)	2.02%	8
TOTAL		397

#	SOME OTHER RACE (PLEASE SPECIFY)	DATE
1	Hispanic	12/7/2016 2:28 PM
2	Hispanic	12/7/2016 2:25 PM
3	Hispanic	12/7/2016 8:54 AM
4	hispanic	12/6/2016 12:57 PM
5	Hispanic	11/16/2016 9:25 AM
6	mexican	11/16/2016 8:34 AM
7	human	10/29/2016 8:06 PM
8	Hispanic	10/25/2016 8:56 AM

Q17 In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 00544 or 94305)

Answered: 397 Skipped: 0

#	RESPONSES	DATE
1	66076	4/26/2017 4:35 PM
2	Williamsburg 66095	1/6/2017 9:35 AM
3	Ottawa 66067	1/6/2017 9:30 AM
4	Ottawa 66067	1/6/2017 9:23 AM
5	Ottawa 66067	1/6/2017 9:18 AM
6	Ottawa 66067	1/6/2017 9:14 AM
7	Ottawa 66067	12/19/2016 3:24 PM
8	Ottawa 66067	12/19/2016 1:15 PM
9	Ottawa 66067	12/18/2016 11:52 AM
10	Pomona 66076	12/16/2016 4:03 PM
11	Pomona 66076	12/16/2016 9:01 AM
12	Pomona 66076	12/16/2016 8:58 AM
13	Pomona 66076	12/16/2016 8:55 AM
14	Williamsburg 66095	12/13/2016 8:52 AM
15	Williamsburg 66095	12/13/2016 8:49 AM
16	Williamsburg 66095	12/13/2016 8:46 AM
17	Ottawa 66067	12/7/2016 2:32 PM
18	Ottawa 66067	12/7/2016 2:28 PM
19	Ottawa 66067	12/7/2016 2:25 PM
20	Ottawa 66067	12/7/2016 2:19 PM
21	Ottawa 66067	12/7/2016 2:16 PM
22	Ottawa 66067	12/7/2016 2:13 PM
23	Ottawa 66067	12/7/2016 2:08 PM
24	Ottawa 66067	12/7/2016 2:03 PM
25	Ottawa 66067	12/7/2016 2:00 PM
26	Richmond 66080	12/7/2016 1:57 PM
27	Ottawa 66067	12/7/2016 1:53 PM
28	Ottawa 66067	12/7/2016 1:49 PM
29	Ottawa 66067	12/7/2016 1:46 PM
30	Ottawa 66067	12/7/2016 1:44 PM
31	Pomona 66076	12/7/2016 1:41 PM
32	Ottawa 66067	12/7/2016 1:38 PM
33	Ottawa 66067	12/7/2016 1:35 PM
34	Pomona 66076	12/7/2016 1:32 PM

35	Ottawa 66067	12/7/2016 10:28 AM
36	Ottawa 66067	12/7/2016 10:25 AM
37	Ottawa 66067	12/7/2016 9:22 AM
38	Ottawa 66067	12/7/2016 9:20 AM
39	Pomona 66076	12/7/2016 9:17 AM
40	Ottawa 66067	12/7/2016 9:14 AM
41	Ottawa 66067	12/7/2016 9:11 AM
42	Ottawa 66067	12/7/2016 9:07 AM
43	Ottawa 66067	12/7/2016 9:04 AM
14	Ottawa 66067	12/7/2016 9:01 AM
15	Richmond 66080	12/7/2016 8:57 AM
ŀ6	Ottawa 66067	12/7/2016 8:54 AM
17	Ottawa 66067	12/7/2016 8:51 AM
48	Ottawa 66067	12/7/2016 8:47 AM
19	Richmond 66080	12/7/2016 8:44 AM
50	Ottawa 66067	12/7/2016 8:40 AM
51	Pomona 66076	12/6/2016 2:48 PM
52	Pomona 66076	12/6/2016 2:44 PM
53	Princeton 66078	12/6/2016 2:41 PM
54	Ottawa 66067	12/6/2016 2:38 PM
55	Ottawa 66067	12/6/2016 2:35 PM
56	Ottawa 66067	12/6/2016 2:32 PM
57	Ottawa 66067	12/6/2016 2:29 PM
58	Ottawa 66067	12/6/2016 2:26 PM
59	Ottawa 66067	12/6/2016 2:23 PM
30	Ottawa 66067	12/6/2016 2:19 PM
61	Ottawa 66067	12/6/2016 2:09 PM
2	Ottawa 66067	12/6/2016 2:06 PM
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35	non franklin county 66801	12/6/2016 1:54 PM
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67	Ottawa 66067	12/6/2016 1:14 PM
88	Ottawa 66067	12/6/2016 1:12 PM
9	Ottawa 66067	12/6/2016 1:08 PM
0	Ottawa 66067	12/6/2016 1:05 PM
'1	Ottawa 66067	12/6/2016 1:02 PM
72	non franklin county 66528	12/6/2016 12:59 PM
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74	Ottawa 66067	12/6/2016 11:53 AM
75	Ottawa 66067	12/6/2016 11:46 AM

76	Ottawa 66067	12/6/2016 11:43 AM
77	Ottawa 66067	12/6/2016 11:40 AM
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79	Ottawa 66067	12/6/2016 11:34 AM
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38	Ottawa 66067	12/2/2016 8:34 AM
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91	Ottawa 66067	11/23/2016 10:33 PM
92	Ottawa 66067	11/18/2016 8:57 AM
93	non franklin county 66510	11/17/2016 2:21 PM
)4	Ottawa 66067	11/16/2016 5:09 PM
95	Richmond 66080	11/16/2016 2:56 PM
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98	Ottawa 66067	11/16/2016 9:20 AM
99	Ottawa 66067	11/16/2016 9:16 AM
100	Ottawa 66067	11/16/2016 9:13 AM
101	Ottawa 66067	11/16/2016 9:09 AM
102	Ottawa 66067	11/16/2016 9:06 AM
103	Ottawa 66067	11/16/2016 9:01 AM
104	Ottawa 66067	11/16/2016 8:58 AM
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116	Ottawa 66067	11/14/2016 11:49 AM

117	Pomona 66076	11/14/2016 11:47 AM
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119	Pomona 66076	11/14/2016 8:06 AM
120	Pomona 66076	11/10/2016 4:07 PM
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123	Pomona 66076	11/10/2016 9:15 AM
124	Ottawa 66067	11/10/2016 9:09 AM
125	Ottawa 66067	11/8/2016 4:40 PM
126	Wellsville 66092	11/8/2016 4:16 PM
127	Ottawa 66067	11/8/2016 8:27 AM
128	Ottawa 66067	11/7/2016 4:09 PM
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134	Ottawa 66067	11/4/2016 7:52 AM
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136	Ottawa 66067	11/2/2016 9:14 AM
137	Ottawa 66067	11/2/2016 9:06 AM
138	Ottawa 66067	11/2/2016 8:59 AM
139	Ottawa 66067	11/2/2016 8:55 AM
140	Ottawa 66067	11/2/2016 8:52 AM
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146	Richmond 66080	11/2/2016 8:14 AM
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149	Ottawa 66067	11/1/2016 3:20 PM
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155	Ottawa 66067	11/1/2016 5:29 AM
156	Ottawa 66067	10/31/2016 11:31 AM
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164	Ottawa 66067	10/28/2016 1:37 PM
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198	Ottawa 66067	10/27/2016 8:18 AM

199	Ottawa 66067	10/27/2016 8:16 AM
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215	Ottawa 66067	10/27/2016 7:31 AM
216	Wellsville 66092	10/27/2016 7:30 AM
217	Ottawa 66067	10/27/2016 7:30 AM
218	Ottawa 66067	10/27/2016 7:09 AM
219	non franklin county 66032	10/26/2016 7:03 AM
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226	Ottawa 66067	10/24/2016 10:00 AM
227	Wellsville 66092	10/22/2016 7:47 AM
228	Ottawa 66067	10/21/2016 12:37 PM
229	Ottawa 66067	10/21/2016 1:12 AM
230	non franklin county 66091	10/20/2016 6:41 PM
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232	Princeton 66078	10/20/2016 2:00 PM
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234	Princeton 66078	10/20/2016 11:47 AM
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236	Princeton 66078	10/20/2016 11:14 AM
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239	Ottawa 66067	10/20/2016 9:29 AM

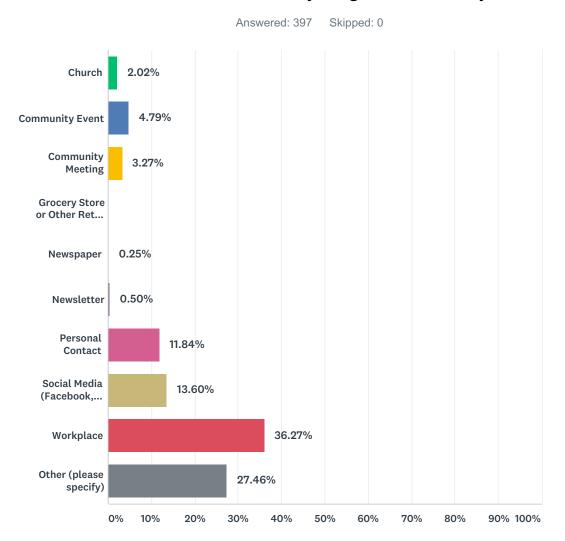
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262	Princeton 66078	10/19/2016 5:03 PM
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283	Ottawa 66067	10/19/2016 3:00 PM
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312	Ottawa 66067	10/18/2016 9:41 AM
313	Ottawa 66067	10/18/2016 9:29 AM
314	Wellsville 66092	10/18/2016 9:25 AM
315	Ottawa 66067	10/18/2016 8:14 AM
316	Princeton 66078	10/18/2016 8:12 AM
317	Ottawa 66067	10/18/2016 7:52 AM
318	Pomona 66076	10/18/2016 7:47 AM
319	Ottawa 66067	10/18/2016 7:45 AM
320	Ottawa 66067	10/18/2016 7:34 AM
321	Pomona 66076	10/18/2016 5:52 AM

322	Pomona 66076	10/18/2016 5:07 AM
323	Ottawa 66067	10/17/2016 10:35 PM
324	Ottawa 66067	10/17/2016 9:29 PM
325	Ottawa 66067	10/17/2016 8:52 PM
326	Ottawa 66067	10/17/2016 8:11 PM
327	Pomona 66076	10/17/2016 8:08 PM
328	Ottawa 66067	10/17/2016 7:23 PM
329	Ottawa 66067	10/17/2016 6:38 PM
330	non franklin county 66523	10/17/2016 6:05 PM
331	Ottawa 66067	10/17/2016 5:11 PM
332	Pomona 66076	10/17/2016 5:04 PM
333	Ottawa 66067	10/17/2016 4:53 PM
334	Ottawa 66067	10/17/2016 4:49 PM
335	Pomona 66076	10/17/2016 4:39 PM
336	Ottawa 66067	10/17/2016 4:21 PM
337	Pomona 66076	10/17/2016 4:09 PM
338	Ottawa 66067	10/17/2016 4:00 PM
339	Ottawa 66067	10/17/2016 3:55 PM
340	Ottawa 66067	10/17/2016 3:19 PM
341	non franklin county 66524	10/17/2016 3:00 PM
342	non franklin county 66083	10/17/2016 2:58 PM
343	Princeton 66078	10/17/2016 2:13 PM
344	Ottawa 66067	10/17/2016 2:11 PM
345	Ottawa 66067	10/17/2016 1:55 PM
346	Ottawa 66067	10/17/2016 1:02 PM
347	Ottawa 66067	10/17/2016 11:12 AM
348	Ottawa 66067	10/17/2016 10:52 AM
349	Ottawa 66067	10/17/2016 10:45 AM
350	Ottawa 66067	10/17/2016 10:07 AM
351	Pomona 66076	10/17/2016 9:54 AM
352	Pomona 66076	10/17/2016 9:51 AM
353	Wellsville 66092	10/17/2016 9:37 AM
354	Princeton 66078	10/17/2016 9:35 AM
355	Ottawa 66067	10/17/2016 9:32 AM
356	Ottawa 66067	10/17/2016 9:18 AM
357	Ottawa 66067	10/17/2016 8:26 AM
358	Ottawa 66067	10/17/2016 8:26 AM
359	Ottawa 66067	10/17/2016 8:26 AM
360	Pomona 66076	10/17/2016 8:24 AM
361	Ottawa 66067	10/17/2016 8:22 AM
362	Wellsville 66092	10/17/2016 5:19 AM

363	Williamsburg 66095	10/15/2016 1:57 PM
364	Ottawa 66067	10/14/2016 3:28 PM
365	Ottawa 66067	10/14/2016 1:52 PM
366	Ottawa 66067	10/14/2016 10:07 AM
367	Ottawa 66067	10/14/2016 10:06 AM
368	Wellsville 66092	10/14/2016 9:02 AM
369	Ottawa 66067	10/13/2016 7:15 PM
370	Ottawa 66067	10/13/2016 12:46 PM
371	Ottawa 66067	10/13/2016 12:11 PM
372	Ottawa 66067	10/13/2016 9:48 AM
373	Ottawa 66067	10/13/2016 9:33 AM
374	Ottawa 66067	10/13/2016 8:37 AM
375	Ottawa 66067	10/13/2016 8:08 AM
376	Wellsville 66092	10/13/2016 7:52 AM
377	Ottawa 66067	10/13/2016 7:45 AM
378	Lane Rantoul 66042	10/13/2016 7:40 AM
379	Ottawa 66067	10/13/2016 7:32 AM
380	Wellsville 66092	10/13/2016 7:32 AM
381	Ottawa 66067	10/13/2016 7:30 AM
382	non franklin county 66047	10/13/2016 7:20 AM
383	Ottawa 66067	10/13/2016 7:19 AM
384	Ottawa 66067	10/13/2016 7:13 AM
385	Richmond 66080	10/13/2016 6:16 AM
386	Ottawa 66067	10/12/2016 7:30 PM
387	Williamsburg 66095	10/12/2016 4:22 PM
388	Williamsburg 66095	10/12/2016 4:18 PM
389	Ottawa 66067	10/12/2016 4:10 PM
390	non franklin county 66044	10/12/2016 4:06 PM
391	Pomona 66076	10/12/2016 3:54 PM
392	Ottawa 66067	10/12/2016 3:45 PM
393	non franklin county 64114	10/12/2016 3:39 PM
394	Ottawa 66067	10/12/2016 3:30 PM
395	Ottawa 66067	10/12/2016 3:29 PM
396	Ottawa 66067	10/12/2016 3:21 PM
397	Princeton 66078	10/12/2016 2:26 PM

Q18 Where/how did you get this survey?



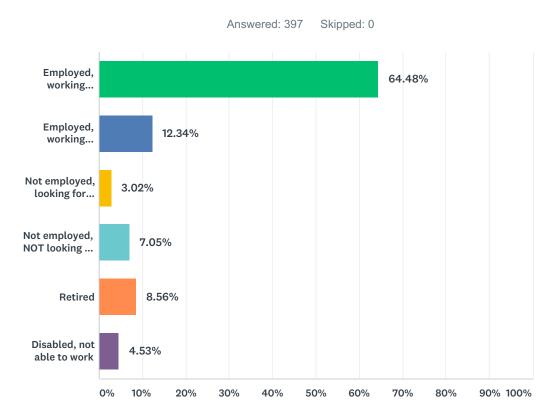
ANSWER CHOICES	RESPONSES	
Church	2.02%	8
Community Event	4.79%	19
Community Meeting	3.27%	13
Grocery Store or Other Retail Store	0.00%	0
Newspaper	0.25%	1
Newsletter	0.50%	2
Personal Contact	11.84%	47
Social Media (Facebook, webpage, Twitter)	13.60%	54
Workplace	36.27%	144
Other (please specify)	27.46%	109
TOTAL		397

#	OTHER (PLEASE SPECIFY)	DATE
1	Twitter. Healthy FRCO	4/26/2017 4:35 PM
2	Home Base Head Start	1/6/2017 9:35 AM
3	Eckan	1/6/2017 9:30 AM
4	Eckan	1/6/2017 9:18 AM
5	my doctor's office	12/19/2016 1:15 PM
6	franklin county website	12/18/2016 11:52 AM
7	Franklin County, KS Community Health website	12/16/2016 4:03 PM
8	Pomona City Hall	12/16/2016 8:55 AM
9	Williamsburg Library	12/13/2016 8:52 AM
10	Williamsburg Library	12/13/2016 8:49 AM
11	Williamsburg Library	12/13/2016 8:46 AM
12	Head Start	12/7/2016 2:28 PM
13	Eckan Head Start	12/7/2016 2:25 PM
14	Head Start	12/7/2016 2:19 PM
15	Ottawa Head Start	12/7/2016 2:13 PM
16	Eckan Head Start	12/7/2016 2:03 PM
17	Headstart	12/7/2016 1:57 PM
18	Elizabeth Layton Center	12/7/2016 9:04 AM
19	Elizabeth Layton Center	12/7/2016 8:51 AM
20	class	12/6/2016 2:38 PM
21	Nutrition class Ottawa University	12/6/2016 2:32 PM
22	class	12/6/2016 2:29 PM
23	Ottawa University	12/6/2016 2:26 PM
24	school Ottawa University	12/6/2016 2:23 PM
25	Nutrition Class	12/6/2016 2:09 PM
26	school Ottawa University	12/6/2016 2:06 PM
27	Ottawa University	12/6/2016 2:01 PM
28	school Ottawa University	12/6/2016 1:58 PM
29	class	12/6/2016 1:54 PM
30	Ottawa University	12/6/2016 1:51 PM
31	school	12/6/2016 1:14 PM
32	Ottawa University	12/6/2016 1:12 PM
33	class	12/6/2016 1:05 PM
34	college class	12/6/2016 1:02 PM
35	college class	12/6/2016 12:59 PM
36	college	12/6/2016 12:57 PM
37	school	12/6/2016 11:53 AM
38	Ottawa University	12/6/2016 11:46 AM
39	Ottawa University	12/6/2016 11:43 AM
40	Ottawa University	12/6/2016 11:40 AM

41	college class	12/6/2016 11:34 AM
42	Class	12/6/2016 11:31 AM
43	University	12/6/2016 11:18 AM
44	Nutrition Class	12/6/2016 11:15 AM
45	Dr. office visit	12/2/2016 8:55 AM
46	Hope House	12/2/2016 8:49 AM
47	Hope house	12/2/2016 8:41 AM
48	Health Department	12/2/2016 8:29 AM
49	Hope House	12/1/2016 9:28 AM
50	WIC office	11/18/2016 8:57 AM
51	Health Department	11/16/2016 5:09 PM
52	Franklin County Health Dept.	11/16/2016 2:56 PM
53	health department	11/16/2016 1:10 PM
54	Eckan don woodward center	11/16/2016 9:09 AM
55	Food handout at eckan	11/16/2016 8:58 AM
56	Eckan	11/16/2016 8:54 AM
57	Don Woodward Center	11/16/2016 8:45 AM
58	Eckan	11/16/2016 8:38 AM
59	don woodward center	11/16/2016 8:30 AM
60	pomona city hall	11/14/2016 11:41 AM
61	on food policy council	11/10/2016 4:07 PM
62	Doctor's office	11/10/2016 9:09 AM
63	WIC	11/8/2016 4:16 PM
64	Dr Nichols office	11/8/2016 8:27 AM
65	WIC	11/7/2016 4:09 PM
66	WIC Office	11/4/2016 7:55 AM
67	WIC Office	11/4/2016 7:52 AM
68	Health Department	11/2/2016 9:14 AM
69	Health Department	11/2/2016 9:06 AM
70	Health Department	11/2/2016 8:59 AM
71	Health office	11/2/2016 8:55 AM
72	Health department	11/2/2016 8:52 AM
73	Health Department	11/2/2016 8:14 AM
74	Health Department	11/1/2016 3:27 PM
75	WIC Office	11/1/2016 3:22 PM
76	WIC Office	11/1/2016 3:20 PM
77	Health Dept.	11/1/2016 3:17 PM
78	County website	11/1/2016 1:50 PM
79	E-mail	11/1/2016 5:29 AM
80	Chamber email	10/31/2016 11:31 AM
81	chamber	10/30/2016 4:32 PM

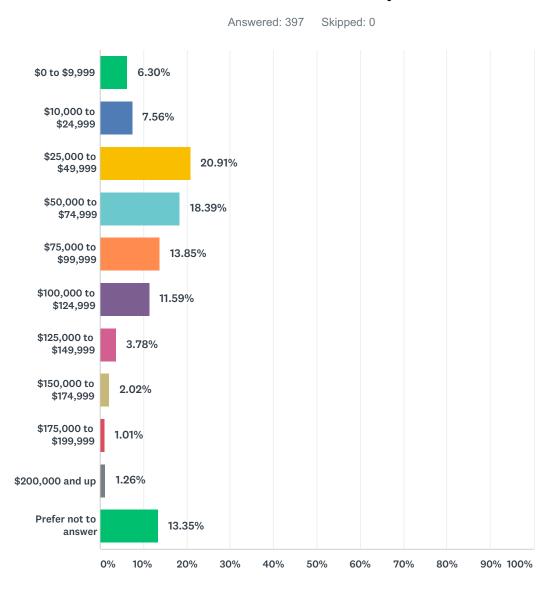
82	email	10/29/2016 8:06 PM
83	health department	10/28/2016 1:37 PM
84	health dept	10/27/2016 3:26 PM
85	Email blast	10/27/2016 3:09 PM
86	chamber of commerce	10/27/2016 12:45 PM
87	Chamber of commerce	10/27/2016 9:52 AM
88	email - Chamber of Commerce	10/27/2016 9:22 AM
89	Chamber eMail	10/27/2016 9:16 AM
90	Chamber of Commerce	10/27/2016 8:28 AM
91	email	10/27/2016 8:24 AM
92	email from chamber of commerce	10/27/2016 8:06 AM
93	Email from Chamber	10/27/2016 8:03 AM
94	Chamber	10/27/2016 8:03 AM
95	Chamber	10/27/2016 8:03 AM
96	email	10/27/2016 7:53 AM
97	Chamber of Commerce	10/27/2016 7:43 AM
98	Chamber	10/27/2016 7:38 AM
99	Chamber	10/27/2016 7:37 AM
100	fraklincoks.org	10/24/2016 10:04 AM
101	Web site	10/21/2016 12:37 PM
102	School	10/19/2016 5:59 PM
103	School	10/19/2016 3:57 PM
104	Email	10/19/2016 2:45 PM
105	USD287 fccla	10/17/2016 5:04 PM
106	from school	10/17/2016 3:00 PM
107	Kyle Burris shared it on Facebook.	10/13/2016 8:37 AM
108	e-mail	10/13/2016 7:40 AM
109	Via e-mail.	10/12/2016 3:29 PM

Q19 Which of the following categories best describes your employment status?



ANSWER CHOICES	RESPONSES	
Employed, working full-time	64.48%	256
Employed, working part-time	12.34%	49
Not employed, looking for work	3.02%	12
Not employed, NOT looking for work	7.05%	28
Retired	8.56%	34
Disabled, not able to work	4.53%	18
TOTAL		397

Q20 How much total combined money did all members of your HOUSEHOLD earn last year?



ANSWER CHOICES	RESPONSES	
\$0 to \$9,999	6.30%	25
\$10,000 to \$24,999	7.56%	30
\$25,000 to \$49,999	20.91%	83
\$50,000 to \$74,999	18.39%	73
\$75,000 to \$99,999	13.85%	55
\$100,000 to \$124,999	11.59%	46
\$125,000 to \$149,999	3.78%	15
\$150,000 to \$174,999	2.02%	8
\$175,000 to \$199,999	1.01%	4

\$200,000 and up	1.26%	5
Prefer not to answer	13.35%	53
TOTAL		397

APPENDIX B

Franklin County – County Health Rankings

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2017
Franklin County

FRANKLIN COUNTY, KANSAS | Pop. 25,609

						Kansas
	2013	2014	2015	2016	2017	2017
Number of Counties Ranked	102	98	101	101	102	102
Health Outcomes- Rank	57	47	42	41	54	n/a
Length of life- Rank	43	43	39	34	39	n/a
Premature death (Years of Potential Life Lost)	7275	7275	7200	7146	7357	6757
Quality of life- Rank	65	50	54	54	62	n/a
% Reporting poor or fair health*	15	14	14	14	15	15
# Poor physical health days*	3.1	2.9	2.9	3.3	3.3	3.1
# Poor mental health days*	2.8	2.7	2.7	3.1	3.4	3.2
% Low birthweight	7.2	6.8	6.9	6.5	6.5	7.1
Health Factors- Rank	78	70	70	71	74	n/a
Health Behaviors- Rank	79	86	85	86	94	n/a
% Adult smokers*	20	22	22	18	19	18
% Obese adults	34	33	34	33	34	31
Food environment index		6.8	6.5	6.3	6.5	7.2
% Physically inactive adults	28	30	30	31	29	23
% Access to exercise opportunities		47	43	54	54	76
% Excessive drinking*	12	14	14	17	15	17
% Driving deaths with alcohol-impairment		39	41	32	13	27
Motor vehicle crash death rate	19					
Sexually transmitted infection rate	273	366	309	371	389	384
Teen birth rate	47	45	43	41	39	36
Clinical Care- Rank	31	13	13	12	12	n/a
% Uninsured	13	12	12	12	10	12
Primary care physicians rate	46	46	46	43	47	75
Dentist rate	23	23	27	27	27	55
Mental health provider rate		104	136	144	156	173
Preventable hospital stays	83	75	63	60	41	52
% Diabetes monitoring	88	90	90	91	89	86
% Mammography screening	66	72	72	72	67	63
Social & Economic Factors- Rank	81	79	79	74	65	n/a
% High school graduation*	81	79	85	88	85	86
% Population with some college	59	64	59	62	63	69
% Unemployed	8.5	7.6	6.5	5.1	4.6	4.2
% Children in poverty	21	20	20	19	17	17
Income inequality			3.9	3.8	3.7	4.4
% No social-emotional support	15	15				
% Children in single-parent households	25	27	27	24	23	29
Membership associations rate			13.9	13.2	13.3	13.9
Violent crime rate	298	277	276	276	272	348
Injury death rate		77	71	72	71	69
Physical Environment- Rank	40	27	24	82	96	n/a
Daily fine particulate matter*	8.5	8.2	8.2	8.2	9.3	8.5
% Exposed to unsafe drinking water	0	0	1			
Drinking water violations? yes/no				Yes	Yes	
% Severe housing problems		11	13	14	14	14
% Limited access to healthy foods	15					
% Driving alone to work		80	78	80	80	82
% Long commute - driving alone		38	37	39	39	20
Access to recreational facilities rate	4					
% Restaurants that are fast food	52					

Empty cells: Shaded = Item was not used to calculate rankings that year; White = Data unavailable. NR: Health outcomes (e.g., length of life) or health factors (e.g., health behaviors) were not ranked that year. N/A: State is not ranked against counties.

* Represent substantial changes in data sources or calculation of the measure that would affect year-to-year comparisons. Please refer to the County Health Rankings & Roadmaps to find out more about the indicator changes.

This document was prepared by the staff at the Kansas Health Institute. If you would like more information about County Health Rankings & Roadmaps, please contact Tatiana Lin at (785) 233-5443 or email at tlin@khi.org.



Health Factors Rank: 74 Health Outcomes Rank: 54 2017
Franklin County

The annual County Health Rankings provide a snap-shot of the health of Kansas counties. The Rankings are made up of two summary scores: Health Factors (which measure issues that can shape the health outcomes) and Health Outcomes (which measure disease and deaths). The following tables illustrate this county's "drivers," or measures with the greatest impact on a county's ranking position.

What do these drivers mean?

The drivers indicate the measures with the greatest impact on a county's ranking position. Drivers labeled with a green plus sign are measures on which the county performed particularly well. Drivers labeled with a red minus sign indicate priority areas which, if improved, could have the greatest impact on improving the county's rankings.

Health Factors: Drivers with greatest impact on ranking, Franklin County, KS - 2017

	Measure	Description	Factor Category	County Value	State Value	Impact on Ranking
1	Adult smoking	Percentage of adults who are current smokers	Health Behaviors	19%	18%	_
2	Unemployment	Percentage of population ages 16 and older unemployed but seeking work	Social and Ecnonomic Environment	4.6%	4.2%	_
3	Uninsured	Percentage of population under age 65 without health insurance	Clinical Care	10%	12%	+
4	Preventable hospital stays	Number of hospital stays for ambulatory- care sensitive conditions per 1,000 Medicare enrollees	Clinical Care	41	52	+
5	Adult obesity	Percentage of adults that report a BMI of 30 or more	Health Behaviors	34%	31%	_

Health Outcomes: Drivers with greatest impact on ranking, Franklin County, KS – 2017

	Measure	Description	Factor Category	County Value	State Value	Impact on Ranking	
1	Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (ageadjusted)	Quality of Life	3.4	3.2	-	
2	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	Length of Life	7357	6757	+	
3	Low birthweight	Percentage of live births with low birthweight (< 2500 grams)	Quality of Life	6.5%	7.1%	+	
4	Poor physical health days	Average number of physically unhealthy days reported in past 30 days (ageadjusted)	Quality of Life	3.3	3.1	-	
5	Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	Quality of Life	15%	15%	+	

NR: Measure (e.g., premature death) was not ranked this year.

Green Plus: + Measure with a positive impact on a county's ranking position.

Red Minus: — Measure with a negative impact on a county's ranking position.

^{*}Technical Note: The state values are only provided as a point of reference. They have not been used in the determination of counties' rankings or top drivers for health outcomes and health factors. For more information on the calculation of score and rankings please visit: http://bit.ly/CHRzscores.

APPENDIX C

Franklin County Data – Kansas Health Matters

View this site in Spanish/Español or other language

Search this site

Build a Customized Dashboard

In the fields below, search for indicators by location, topic, age group, classification, subgroup, or comparison. No fields are required, but we suggest selecting a location or two to start.

Visit the Indicator List Page to see the full list of indicators and locations available on the site.

Search Results:

Indicator Legend

The gauge represents the **distribution** of communities reporting the data, and tells you how you compare to other communities. Keep in mind that in some cases, high values are "good" and sometimes high values are "bad."

- Green represents the "best" 50th percentile.
- Yellow represents the 50th to 25th quartile.
- Red represents the "worst" quartile.

The circle represents a comparison to a target value.

- The current value has met, or is better than the target value.
- The current value not met the target value.

The diamond represents a comparison to a single value.

- ♦ ♦ The current value is lower than the comparison value.
- ♦ ♦ The current value is higher than the comparison value.
- The current value is not statistically different from the comparison value.

The square represents the measured trend.

- There has been a non-significant increase over time.
- Name of the last been a non-significant decrease over time.
- 🔼 🔼 🖊 There has been a significant increase over time.
- Name of the last been a significant decrease over time.
- There has been neither a statistically significant increase nor decrease over time.

The triangle represents a comparison to a prior value.

- ▲ Δ The current value is higher than the previously measured value.
- ▼ ▼ The current value is lower than the previously measured value.
- The current value is not statistically different from the previously measured value.

Our icons are color-coded. Green is good. Red is bad. Blue is neither.

Health / Access to Health Services

County: Franklin

Average Monthly WIC Participation per 1,000 population

VALUE

17.3

Average cases per 1,000 population (2016)

COMPARED TO:



KS Value (19.8)



Prior Value (19.2)



US Value (23.8)



Trend

Ratio of Population to Primary Care Physicians

2,958.2

Population per physician

(2014)



KS Value (1,895.9)



Prior Value (3,018.2)



US Value (2,664.7 in 2011)



Trend

Staffed Hospital Bed Ratio

1.7

Beds per 1,000 population

(2015)



KS Value



Trend



Prior Value (1.7)

Health / Cancer

County: Franklin

VALUE

COMPARED TO:

Cancer: Medicare Population

8.0%

(2015)



KS Counties



U.S. Counties



KS Value (7.7%)



US Value (7.8%)



Prior Value (7.5%)



Trend

Health / Diabetes

County: Franklin

VALUE

COMPARED TO:

Diabetes: Medicare Population

26.2%

(2015)



KS Counties



U.S. Counties



KS Value (24.8%)



US Value (26.5%)



Prior Value (26.4%)



Trend

Percent of Adults with Diagnosed Diabetes

9.3%

(2015)



KS Value

(9.7%)



(10.5%)



Prior Value (6.6%)

Health / Exercise, Nutrition, & Weight

County: Franklin

VALUE

COMPARED TO:

Child Food Insecurity Rate

21.3%

(2015)



KS Counties





U.S. Counties



KS Value (19.2%)



US Value (19.3%)



Prior Value (23.7%)



Trend

Food Insecurity Rate

13.6%

(2015)



KS Counties



U.S. Counties



KS Value (13.2%)



US Value (13.7%)



Prior Value (14.3%)



Trend

Percent of Adults Doing **Enough Physical Activity To** Meet Both The Aerobic AND Strengthening Exercise Recommendations

14.7%

(2015)



KS Value (19.3%)



US Value (20.3%)



Prior Value (13.2%)



HP 2020 Target (20.1%)

Percent of Adults who are Obese

34.2%

(2015)



KS Value (34.2%)



Prior Value (36.2%)



US Value (28.9%)



HP 2020 Target (30.5%)

Percent of Adults who are Overweight

39.3%

(2015)



KS Value (33.8%)



US Value (35.7%)



Prior Value (35.1%)

Percent of Adults Who Reported Consuming Fruit Less than 1 Time Per Day

50.7%

(2015)



KS Value (43.7%)



US Value (40.1%)



Prior Value (41.0%)

Percent of Adults Who Reported Consuming Vegetables Less than 1 Time Per Day

27.3%

(2015)



KS Value (22.3%)



US Value (22.3%)



Prior Value (22.1%)

Health / Heart Disease & Stroke

County: Franklin

VALUE

COMPARED TO:

Atrial Fibrillation: Medicare

Population

8.5%

(2015)



KS Counties



U.S. Counties



KS Value (8.3%)



US Value (8.1%)



Prior Value (8.6%)

Trend

Congestive Heart Failure Hospital Admission Rate

206.5

Per 100,000 population (2012-2014)



KS Value (180.1)



Trend

Prior Value (217.1)

Heart Disease Hospital Admission Rate

293.9

Per 100,000 population

(2012-2014)



KS Value (255.5)



Prior Value (316.3)



Heart Failure: Medicare Population

12.5%

(2015)



KS Counties



KS Value (13.0%)



Prior Value (11.8%)



U.S. Counties



US Value (13.5%)



Trend

Hyperlipidemia: Medicare Population

47.9%

(2015)



KS Counties



U.S. Counties



KS Value (40.0%)



US Value (44.6%)



Prior Value (47.5%)



Trend

Hypertension: Medicare Population

57.3%

(2015)



KS Counties



U.S. Counties



KS Value (53.2%)



US Value (55.0%)



Prior Value (57.7%)



Trend

Ischemic Heart Disease: Medicare Population

24.7%

(2015)



KS Counties



U.S. Counties



KS Value (25.5%)



US Value (26.5%)



Prior Value (25.6%)



Trend

Percent of Adults Tested and Diagnosed with High Cholesterol

43.8%

(2015)



KS Value (37.4%)



US Value (36.5%)



Prior Value (43.8%)



HP 2020 Target (13.5%)

Percent of Adults with Diagnosed Hypertension

34.6%

(2015)



KS Value (31.6%)



Prior Value (30.1%)



US Value (32.0%)



HP 2020 Target (26.9%)

Stroke: Medicare Population

4.7%

(2015)



KS Counties



U.S. Counties



KS Value (3.4%)



US Value (4.0%)



Prior Value (3.7%)



Trend

Health / Immunizations & Infectious Diseases

County: Franklin

Bacterial Pneumonia Hospital Admission Rate

VALUE

COMPARED TO:



Per 100,000 population (2012-2014)



KS Value (236.7)



Prior Value (356.3)





Percent of Adults Ages 65 Years and Older Who Were Immunized Against Influenza During the Past 12 Months

53.6%

(2015)



KS Value (61.7%)



US Value (60.5%)



Prior Value (76.9%)

Percent of Infants Fully Immunized at 24 Months

65.0%

(2015-2016)





Sexually Transmitted Disease Rate

3.2

Cases per 1,000 population (2016)



KS Value (5.4)



Prior Value (3.5)

Health / Maternal, Fetal & Infant Health

County: Franklin

Infant Mortality Rate

VALUE

Deaths per 1,000 live births (2011-2015)



KS Value (6.2)



Prior Value (7.5)



HP 2020 Target (6.0)

COMPARED TO:



US Value (6.0)



Number of Births per 1,000 Population

12.5

Births per 1,000 population

(2013-2015)



KS Value (13.4)



Prior Value (12.5)



US Value (12.5)



Trend

Percent of all Births Occurring to Teens (15-19)

8.4%

(2013-2015)



KS Value



Prior Value (8.8%)



US Value (7.0%)



Trend

Percent of Births Occurring to Unmarried Women 45.6%

(2013-2015)



KS Value (36.3%)



Prior Value (44.6%)



US Value (40.6%)



Trend

Percent of births Where Mother Smoked During Pregnancy

22.0%

(2013-2015)



KS Value (11.8%)



Prior Value (23.0%)



HP 2020 Target (1.4%)



US Value (8.5%)



Trend

Percent of Births Where Prenatal Care began in First Trimester

81.5%

(2013-2015)



KS Value (80.4%)



Prior Value (80.9%)



HP 2020 Target (77.9%)



US Value (75.1%)



Trend

Percent of Births with Inadequate Birth Spacing

12.4%

(2013-2015)



KS Value (10.5%)



Prior Value (12.2%)



US Value (12.0%)



Percent of Births with Low Birth Weight

6.3%

(2013-2015)



KS Value (7.0%)



Prior Value (5.9%)



HP 2020 Target (7.8%)



US Value (8.0%)



Trend

Percent of WIC Mothers Breastfeeding Exclusively

10.7%

(2016)



KS Value (15.0%)



Trend



Prior Value (9.5%)



Percentage of Premature Births

8.5%

(2013-2015)



KS Value (8.8%)



Prior Value (8.5%)



HP 2020 Target (11.4%)



US Value (9.7%)



Trend

Health / Mental Health & Mental Disorders

County: Franklin

VALUE

COMPARED TO:

Depression: Medicare Popula-

tion

18.2%

(2015)



KS Counties



U.S. Counties



KS Value (17.8%)



US Value (16.7%)



Prior Value (16.8%)



Trend

Health / Mortality Data

County: Franklin

Age-adjusted Alzheimer's Disease Mortality Rate per 100,000 population

VALUE

24.5

Deaths per 100,000 population

(2014-2016)

С

COMPARED TO:



KS Value (22.8)



Prior Value (17.5)



US Value (29.4)



Trend

Age-adjusted Cancer Mortality Rate per 100,000 population

187.4

Deaths per 100,000 population

(2014-2016)

♦

KS Value (162.6)



Prior Value (179.3)



HP 2020 Target (161.4)

♦

US Value (158.5)



Trend

Age-adjusted Cerebrovascular Disease Mortality Rate per 100,000 population 47.2

Deaths per 100,000 population (2014-2016)



KS Value (38.4)



US Value (37.6)



Trend

Prior Value (50.9)



HP 2020 Target (34.8)

Age-adjusted Chronic Lower Respiratory Disease Mortality Rate per 100,000 population 65.6

Deaths per 100,000 population

(2014-2016)



KS Value (48.9)



Prior Value (74.8)



US Value (41.6)



Trend

Age-adjusted Diabetes Mortality Rate per 100,000 population

28.2

Deaths per 100,000 population

(2014-2016)



KS Value



Prior Value (27.2)



US Value (21.3)



Trend

Age-adjusted Heart Disease Mortality Rate per 100,000 population

171.4

Deaths per 100,000 population

(2014-2016)



KS Value (157.4)



Prior Value (165.0)



HP 2020 Target (103.4)



US Value (168.5)



Trend

Age-adjusted Homicide Mortality Rate per 100,000 population 0.0

Deaths per 100,000 population (2007-2009)



KS Value (4.2)



US Value (5.7 in 2014-2016)



Prior Value







HP 2020 Target (5.5)

Age-adjusted Mortality Rate per 100,000 population

884.6

Deaths per 100,000 population

(2014-2016)



KS Value (757.4)





Prior Value (848.6)

Trend

Age-adjusted Nephritis, Nephrotic Syndrome, Nephrosis Mortality Rate per 100,000 population

26.2

Deaths per 100,000 population

(2014-2016)



KS Value (16.0)



Prior Value (33.0)



US Value (13.4)



Trend

Age-adjusted Suicide Mortality Rate per 100,000 population

18.8

Deaths per 100,000 population (2014-2016)



KS Value (15.9)









Prior Value (9.9)



HP 2020 Target (10.2)





Age-adjusted Traffic Injury Mortality Rate per 100,000 population

22.4

Deaths per 100,000 population (2014-2016)



KS Value (13.0)



US Value

Prior Value (18.6)



HP 2020 Target (12.4)



Age-adjusted Unintentional Injuries Mortality Rate per 100,000 population

55.5

Deaths per 100,000 population (2014-2016)



KS Value (44.2)



US Value (43.2)



Prior Value (45.7)



Trend



HP 2020 Target (36.4)



Age-Adjusted Years of Potential Life Lost - Alzheimers

31.0

Years per 100,000 Population

(2012-2014)



KS Value (10.8)



Prior Value (10.5)



Trend

Age-Adjusted Years of Potential Life Lost - Cancer

1,450.8

Years per 100,000 Population

(2014-2016)



KS Value (1,250.2)



Trend



Prior Value (1,503.2)

Age-Adjusted Years of Potential Life Lost - Cerebrovascular Disease

131.6

Years per 100,000 Population

(2014-2016)



KS Value (159.8)



Trend



Prior Value (176.0)

Age-Adjusted Years of Potential Life Lost - Chronic Lower Respiratory Disease

253.9

Years per 100,000 Population

(2014-2016)



KS Value (201.1)



Trend



Prior Value (286.8)

Age-Adjusted Years of Potential Life Lost - Diabetes

276.1

Years per 100,000 Population

(2014-2016)



KS Value (168.8)



Trend



Prior Value (120.3)

Age-Adjusted Years of Potential Life Lost - Heart Disease

722.2

Years per 100,000 Population

(2014-2016)



KS Value (863.6)



Trend



Prior Value (878.9)

Age-Adjusted Years of Potential Life Lost - Homicide

0.0

Years per 100,000 Population

(2011-2013)



KS Value (185.6)



Trend



Prior Value (72.5)

Age-Adjusted Years of Potential Life Lost - Nephritis, Nephrotic Syndrome Nephrosis 162.1

Years per 100,000 Population

(2014-2016)



KS Value (71.5)





Prior Value (177.4)

Age-Adjusted Years of Potential Life Lost - Suicide

575.7

Years per 100,000 Population

(2014-2016)



KS Value (557.0)



Trend



Prior Value (258.5)

Age-Adjusted Years of Potential Life Lost - Traffic Injury

860.0

Years per 100,000 Population (2014-2016)



KS Value (458.1)



Trend



Prior Value (640.7)

Age-Adjusted Years of Potential Life Lost - Unintentional Injuries

1,547.1

Years per 100,000 Population

(2014-2016)



KS Value (1,065.1)



Trend



Prior Value (1,135.3)

Health / Older Adults & Aging

County: Franklin

VALUE

COMPARED TO:

Alzheimer's Disease or Dementia: Medicare Population

11.0%

(2015)



KS Counties



U.S. Counties



KS Value (10.3%)



US Value (9.9%)



Prior Value (10.5%)



Tren

Health / Oral Health

County: Franklin

Percentage of Screened 3-12 Grade Students w No Dental Sealants **VALUE**

65.5%

(2014-2015)

COMPARED TO:



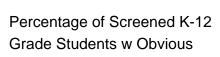
KS Value (55.9%)



Prior Value (50.1%)



Trend



Dental Decay

21.1%

(2014-2015)



KS Value (16.5%)



Trend



Prior Value (21.4%)

Ratio of Population to Dentist

5,033.0

Population per dentist (2014)



KS Value (2,717.5)



Prior Value (4,839.0)



US Value (1,656.5)



Trend

Health / Other Chronic Diseases

County: Franklin

VALUE

COMPARED TO:

Chronic Kidney Disease: Medi-

care Population

14.8%

(2015)



KS Counties



KS Value (16.2%)



Prior Value (13.4%)



U.S. Counties



US Value (18.1%)



Trend

Osteoporosis: Medicare Population

7.3%

(2015)



KS Counties



KS Value (5.7%)



Prior Value (7.6%)



U.S. Counties



US Value (6.0%)



Trend

Percent of Adults Who Were Ever Diagnosed with a Depressive Disorder 21.2%

(2015)



KS Value (19.4%)



(20.6%)

Prior Value

Percent of Adults with Doctor Diagnosed Arthritis

28.0%



KS Value (24.5%)



Prior Value (28.6%)





(24.7%)



Kansas Health Matters :: Indicators :: Search

Rheumatoid Arthritis or Osteoarthritis: Medicare Population

34.9%

(2015)



KS Counties



U.S. Counties



KS Value (29.0%)



US Value (30.0%)



Prior Value (33.1%)



Health / Prevention & Safety

County: Franklin

VALUE

COMPARED TO:

Injury Hospital Admission Rate

968.9

Per 100,000 population

(2012-2014)

KS Value (830.2)



Prior Value (1,060.0)



Trend

Health / Respiratory Diseases

County: Franklin

VALUE

COMPARED TO:

Asthma: Medicare Population

12.4%

(2015)



KS Counties



U.S. Counties



KS Value

(7.3%)



US Value (8.2%)



Prior Value (9.6%)



Trend

Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate 71.4

Per 100,000 population (2012-2014)



KS Value (113.9)





Prior Value (94.9)

COPD: Medicare Population

14.8%

(2015)



KS Counties



U.S. Counties



KS Value (11.4%)



US Value (11.2%)



Prior Value (14.2%)



Trend

Health / Substance Abuse

County: Franklin

Death Rate due to Drug Poisoning

VALUE

12.9

Deaths per 100,000 population

(2012-2014)

COMPARED TO:



U.S. Counties



KS Value (11.3)



US Value (13.9)



Prior Value (12.7)

Percent of Adults Who are Binge Drinkers

13.6%

(2015)



KS Value (15.6%)



Prior Value (16.9%)



US Value (16.3%)



HP 2020 Target (24.4%)

Percent of Adults Who Currently Smoke Cigarettes

24.8%

(2015)



KS Value (17.7%)





Prior Value (25.7%)



Health / Wellness & Lifestyle

County: Franklin

Life Expectancy for Females

VALUE

COMPARED TO:

0.08

Years (2014)



KS Counties



KS Value (81.0)



Prior Value (80.0)



U.S. Counties



US Value (81.5)



Trend

Life Expectancy for Males

75.7

Years

(2014)



KS Counties



KS Value (76.5)



Prior Value (75.9)



U.S. Counties



US Value (76.7)



Trend

Percent of Adults Who Reported That They Always Wear a Seatbelt When They Drive or Ride in a Car

78.4%

(2015)



KS Value (83.0%)



Prior Value (73.2%)



(88.2%)

HP 2020 Target (92%)

Percent of Adults with Fair or Poor Self-Perceived Health Status 17.7%

(2015)











Prior Value (12.5%)

Economy / Employment

County: Franklin

VALUE

COMPARED TO:

Unemployed Workers in Civilian Labor Force

3.3%

(September 2017)



KS Counties



U.S. Counties



KS Value (3.4%)



US Value (4.1%)



Prior Value



Trend

Economy / Government Assistance Programs

County: Franklin

VALUE

COMPARED TO:

Households with Cash Public Assistance Income

5.6%

(2011-2015)



KS Counties



U.S. Counties



KS Value (2.0%)



US Value (2.8%)



Prior Value (5.4%)



Kansas Medical Assistance Programs - Adults per 1000 Population, 20-64 Age-Group

111.0

Per 1,000 population (2016)



KS Value (86.2)





Trend



Prior Value (107.4)

Kansas Medical Assistance Programs - Children per 1000 Population, 0-19 Age-Group

518.4

Per 1,000 population (2016)



KS Value (440.9)



Prior Value (513.7)

Students Eligible for the Free

Lunch Program

44.3%

(2014-2015)



KS Counties



U.S. Counties



KS Value (40.1%)





Prior Value (45.2%)



Trend

Economy / Homeownership

County: Franklin

VALUE

COMPARED TO:

Homeowner Vacancy Rate

3.5%

(2011-2015)



KS Counties



U.S. Counties



KS Value (1.9%)



US Value (1.9%)



Prior Value (3.0%)



Trend

Homeownership

63.5%

(2011-2015)



KS Counties



U.S. Counties



KS Value (59.7%)



US Value (56.0%)



Prior Value (63.9%)



Trend

Economy / Housing Affordability & Supply

County: Franklin

VALUE

COMPARED TO:

Renters Spending 30% or More of Household Income on Rent

46.5%

(2011-2015)



KS Counties



U.S. Counties



KS Value (44.8%)



US Value (51.8%)



Prior Value (47.6%)



Trend

Severe Housing Problems

14.4%

(2009-2013)



KS Counties



U.S. Counties



KS Value (13.5% in 2008-2012)



US Value (19.0%)



Prior Value (13.6%)



Economy / Income

County: Franklin

VALUE

COMPARED TO:

Median Household Income

\$51,081

(2011-2015)



KS Counties



U.S. Counties



(\$52,205)







Prior Value (\$50,415)



US Value (\$53,889)



Trend

Per Capita Income

\$24,567

(2011-2015)



KS Counties



U.S. Counties



(\$27,706)



US Value (\$28,930)



Prior Value (\$23,980)

Trend

Economy / Poverty

County: Franklin

VALUE

COMPARED TO:

Children Living Below Poverty Level

19.6%

(2011-2015)

KS Counties



U.S. Counties



KS Value (18.1%)



US Value (21.7%)



Prior Value (20.4%)



Trend

Families Living Below Poverty Level

8.6%

(2011-2015)



KS Counties



U.S. Counties



KS Value (9.1%)



US Value (11.3%)



Prior Value (8.5%)



Trend

Low-Income Persons who are SNAP Participants

33.7%

(2007)



KS Counties



U.S. Counties



Prior Value (30.3%)

People 65+ Living Below Poverty Level

7.1%

(2011-2015)



KS Counties



U.S. Counties



KS Value (7.4%)



US Value (9.4%)



Prior Value (7.2%)



Trend

People Living 200% Above **Poverty Level**

67.6%

(2011-2015)



KS Counties



U.S. Counties



KS Value (67.6%)



US Value (65.7%)



Prior Value (68.0%)



Trend

People Living Below Poverty Level

13.1%

(2011-2015)



KS Counties



U.S. Counties



KS Value (13.6%)







Prior Value (13.7%)

Trend

Poverty Status by School Enrollment

14.5%

(2011-2015)



KS Counties



U.S. Counties



KS Value (12.8%)



US Value (16.0%)



Prior Value (15.0%)



Trend

Uninsured Adult Population Rate

9.7%

(2015)



KS Value (12.8%)



US Value (13.1%)



Prior Value (12.1%)



Trend



HP 2020 Target (0.0%)

Young Children Living Below Poverty Level

20.4%

(2011-2015)



KS Counties



U.S. Counties



KS Value (21.5%)



US Value (24.5%)



Prior Value (21.1%)



Trend

Education / Educational Attainment in Adult Population

County: Franklin

VALUE

COMPARED TO:

People 25+ with a Bachelor's Degree or Higher

21.2%

(2011-2015)



KS Counties



U.S. Counties



KS Value (31.0%)



US Value (29.8%)



Prior Value (21.0%)



Trend

People 25+ with a High School Degree or Higher

92.5%

(2011-2015)



KS Counties



U.S. Counties



KS Value (90.2%)



US Value (86.7%)



Prior Value (91.7%)



Trend

Education / School Resources

County: Franklin

Student-to-Teacher Ratio

VALUE

COMPARED TO:



Students per teacher

(2014-2015)



KS Counties



U.S. Counties



KS Value (14.0)



Prior Value (12.6)



Trend



Education / Student Performance K-12

County: Franklin

VALUE COMPARED TO:

High School Graduation

84.1%

(2015)



KS Counties



KS Value (87.2%)



US Value (83.2%)



Prior Value (88.3%)



Trend



HP 2020 Target (87%)

Environment / Built Environment

County: Franklin

VALUE

COMPARED TO:

Access to Exercise Opportuni-

ties

53.9%

(2016)



KS Counties



U.S. Counties



(76.5%)



US Value (84.0%)



Prior Value (43.3%)

Children with Low Access to a **Grocery Store**

12.7%

(2015)



KS Counties



U.S. Counties



Prior Value (12.7%)

Farmers Market Density

0.04

Markets per 1,000 population (2016)



US Value (0.03)



Prior Value (0.04)



Trend

Fast Food Restaurant Density

0.59

Restaurants per 1,000 population (2014)



KS Counties



U.S. Counties



Prior Value (0.66)



Trend

Food Environment Index

6.5

(2017)



KS Counties



U.S. Counties



KS Value (7.2 in 2016)



US Value (7.3)



Prior Value (6.3)



Trend

Grocery Store Density

0.12

Stores per 1,000 population (2014)



KS Counties



U.S. Counties



Prior Value (0.12)



Trend

Households with No Car and Low Access to a Grocery Store

3.2%

(2015)



KS Counties



U.S. Counties



Prior Value (2.7%)

Liquor Store Density

27.3

Stores per 100,000 population (2015)



KS Counties



U.S. Counties



KS Value (21.9)



US Value (10.5)



Prior Value (31.2)



Low-Income and Low Access to a Grocery Store

17.7%

(2015)



KS Counties



U.S. Counties



Prior Value (14.6%)



People 65+ with Low Access to a Grocery Store

6.0%

(2015)



KS Counties



U.S. Counties



Prior Value (6.0%)

People with Low Access to a **Grocery Store**

47.0%

(2015)



KS Counties



U.S. Counties



Prior Value (47.0%)

Recreation and Fitness Facilities

0.04

Facilities per 1,000 population (2014)



US Value (0.06)



Trend



Prior Value (0.04)

Kansas Health Matters :: Indicators :: Search

SNAP Certified Stores

O. / Stores per 1,000 population

(2016)



KS Counties



U.S. Counties



Prior Value



Environment / Toxic Chemicals

County: Franklin

VALUE

COMPARED TO:

Increased Lead Risk in Hous-

ing Rate

36.72%

(2000)



Environment / Water

County: Franklin

Public Water Supply - Percent of Population Served Unaffected by SDWA Coliform Violations **VALUE**

COMPARED TO:

100.0

Percentage (2016)



KS Value (100.0)





Trend

Public Water Supply - Percent of Population Served Unaffected by SDWA Nitrate Violations

100.0

Percentage (2016)



KS Value (99.7)



Trend



Government & Politics / Elections & Voting

County: Franklin

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VALUE

COMPARED TO:

Voter Turnout: Presidential

Election

62.9%

(2016)



KS Counties



KS Value (67.4%)



Prior Value (64.4%)



Trend

Public Safety / Crime & Crime Prevention

County: Franklin

Rate of Violent Crime per 1,000

Population

VALUE

2.2

Crimes per 1,000 population (2015)

COMPARED TO:



KS Value



Prior Value



US Value



Trend

Public Safety / Transportation Safety

County: Franklin

VALUE

COMPARED TO:

Alcohol-Impaired Driving

Deaths

13.3%

(2011-2015)

KS Counties



KS Value (32.8% in 2010-2014)



Prior Value (31.6%)



U.S. Counties



US Value (30.0%)



Trend

Social Environment / Demographics

County: Franklin

Ratio of Children to Adults

VALUE

31.6

Children per 100 Adults

(2015)

COMPARED TO:



KS Value (31.8)



Prior Value (32.2)



US Value (36.8)



Trend

Ratio of Elderly Persons and Children to Adults

56.6

Elderly persons & children per 100 adults

(2015)



KS Value (54.4)



Prior Value (56.3)



US Value (60.7)



Trend

Ratio of Elderly Persons to Adults

25.0

Elderly persons per 100 adults

(2015)



KS Value (22.6)



Prior Value (24.1)



US Value (23.9)



Trend

Social Environment / Neighborhood/Community **Attachment**

County: Franklin

VALUE

COMPARED TO:

People 65+ Living Alone

25.4%

(2011-2015)



KS Counties



KS Value (28.9%)



Prior Value (24.7%)



U.S. Counties



US Value (26.6%)



Trend

Transportation / Commute To Work

County: Franklin

Mean Travel Time to Work

VALUE

24.4

Minutes

(2011-2015)

COMPARED TO:



KS Counties



KS Value



Prior Value (24.3)







US Value (25.9)



Trend

Solo Drivers with a Long Commute

39.4%

(2011-2015)



KS Counties



KS Value (19.9% in 2010-2014)



Prior Value (39.1%)



U.S. Counties



US Value (34.0%)



Trend

Workers Commuting by Public Transportation

0.6%

(2011-2015)



U.S. Counties



KS Value (0.5%)



US Value (5.1%)



Prior Value (0.7%)



Trend



HP 2020 Target (5.5%)

Workers who Drive Alone to Work

79.9%

(2011-2015)



KS Counties



U.S. Counties



KS Value (82.2%)



US Value (76.4%)



Prior Value (79.9%)



Trend

Workers who Walk to Work

3.0%

(2011-2015)



KS Counties



U.S. Counties



KS Value (2.4%)



US Value (2.8%)





Prior Value (2.3%)





HP 2020 Target (3.1%)

Trend

Transportation / Personal Vehicle Travel

County: Franklin

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VALUE COMPARED TO:

Households without a Vehicle

4.5%

(2011-2015)



KS Counties



KS Value (5.4%)



Prior Value (3.8%)



U.S. Counties



US Value (9.1%)



Trend

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Kansas Health Matters

APPENDIX D

PRIORITIZATION MATRIX

Prioritization Worksheets



FRANKLIN COUNTY 2017 CHA/CHIP COMMUNITY HEALTH ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIZATION SHEET

65±

	Item Weight	Arthme	Housing	Alcohol/	Arthritis	In-home	Falls	Socialization	Suicide/	Nutrition/	Dental	Chronic Dis.	Dementis
	(Importance)			Binge		care		Isolation	Depression	Obesity		Mgmt	Alzhelmers
How many people are affected?	3												
How severe is the issue?	5												
How feasible is an intervention?	4												
What is the level of community concern?	3												
What is the level of policy maker concern?	2												
How would it impact social/environmental disparity?	5												
What are the consequences (positive/negative) of intervening?													
What are the consequences of NOT intervening?	2												
What assets/resources are available?													
Are there promising practices, research-based programs or policies													
that can be applied?													
TOTAL													



FRANKLIN COUNTY 2017 CHA/CHIP COMMUNITY HEALTH ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIZATION SHEET 20 - 64 Age

	Item Weight	Substance	Housing	Insurance	Distance	Obesity	Employabil.	Diabetes	Suicide/	CVD	Respiratory
	(importance)	Abuse		Care Access	Driving		Jobs		Mood		
How many people are affected?	3										
How severe is the issue?	5										
How feasible is an intervention?	4										
What is the level of community concern?	3										
What is the level of policy maker concern?	2										
How would it impact social/environmental disparity?	5										
What are the consequences (positive/negative) of intervening?											
What are the consequences of NOT intervening?	2										
What assets/resources are available?											
Are there promising practices, research-based programs or policies											
that can be applied?											
TOTAL											



FRANKLIN COUNTY 2017 CHA/CHIP COMMUNITY HEALTH ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIZATION SHEET

9 - 19 Age

	Item Weight	Bullidge	Drug Use	Tobacco/	Screen time	Obesity	Lifeskills	Early	Subside	STDe	Education
		bullying	Drug Use			Doesity	Litesidiis	Earty	suicide/	STUS	
	(importance)			Marijuana	Driving			Psychosis	Mood		Job Skills
How many people are affected?	3										
How severe is the issue?	5										
How feasible is an intervention?	4										
What is the level of community concern?	3										
What is the level of policy maker concern?	2										
How would it impact social/environmental disparity?	5										
What are the consequences (positive/negative) of intervening?											
What are the consequences of NOT intervening?	2										
What assets/resources are available?											
Are there promising practices, research-based programs or policies											
that can be applied?											

TOTAL



FRANKLIN COUNTY 2017 CHA/CHIP

COMMUNITY HEALTH ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIZATION SHEET

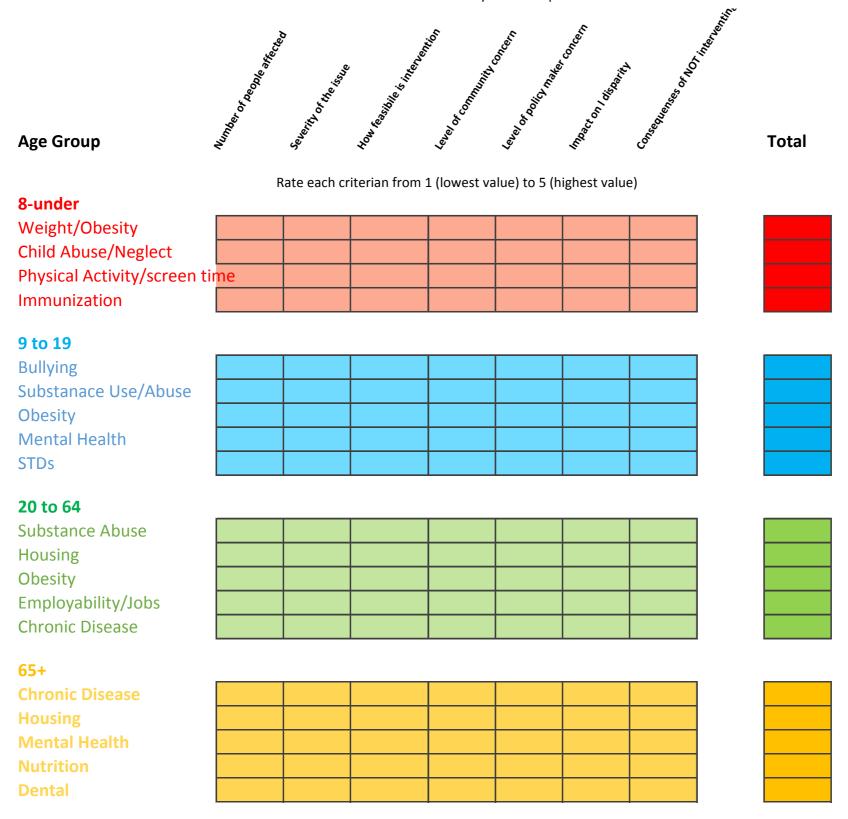
8 - UNDER

		Item Weight	Mental	Weight	Accidental	Child Abuse	School	Asthma/	Phy. Activity	Immunization
		(Importance)	Health	Obesity	Injuries	Neglect	Attendance	Allergies	Screen time	
How many people are affected?		3								
How severe is the issue?		5								
How feasible is an intervention?		4								
What is the level of community concern?		3								
What is the level of policy maker concern?		2								
How would it impact social/environmental disparity?		5								
What are the consequences (positive/negative) of intervening?										
What are the consequences of NOT intervening?		2								
What assets/resources are available?										
Are there promising practices, research-based programs or policie	es									
that can be applied?										

TOTAL

2017 Franklin County Health Assessment Prioritization Worksheet Ranking Criteria

INSTRUCTIONS: For each of the Criteria at the top of the table, please place a value based on your understanding of the issue. Each score will be multiplied by the set value of that criteria to arrive at a final score. The weighted scores will be used to prioritize these issues for a Community Health Improvement Plan.



Additional Considerations for tackling the issues:

What assets/resources are available?

Are there promising practices, research-based programs or policies that can be applied?

Weighting chart

1 = How many people are affected:	3
2 = How severe is the issue:	5
3 = How feasible is an intervention:	4
4 = What is the level of community concern:	3
5 = What is the level of policy maker concern:	2
6 = How would it impact social/environmental disparit	5
7 = What re the consequences of NOT intervening	2

REFERENCES

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