



2018

# Saint Luke's Community Health Needs Assessment



## TABLE OF CONTENTS

|                                                   |           |
|---------------------------------------------------|-----------|
| <b>I. Executive Summary .....</b>                 | <b>3</b>  |
| a. Introduction.....                              | 3         |
| b. Community Health Needs.....                    | 3         |
| <b>II. Methodology.....</b>                       | <b>4</b>  |
| a. Definition of the Community .....              | 4         |
| b. Population Demographics.....                   | 4         |
| <b>III. Health Status of the Population .....</b> | <b>7</b>  |
| a. National Priorities .....                      | 14        |
| <b>IV. Summary of Findings .....</b>              | <b>14</b> |
| <b>IV. Appendix.....</b>                          | <b>18</b> |
| a. Key Contributors.....                          | 19        |
| b. Data Limitations.....                          | 19        |
| c. Evaluation of Impact.....                      | 20        |
| d. Prioritization Scorecard.....                  | 21        |
| e. Board Approval Date .....                      | 22        |
| f. Secondary Data Analysis .....                  | 22        |

## Section I: Executive Summary

### A. Introduction

#### *About Hedrick Medical Center*

Hedrick Medical Center is committed to serving the Livingston County, Missouri community. The 25-bed critical access hospital offers 24-hour emergency services along with a wide range of state-of-the-art health care services including Women's Center with 3-D mammography, a 24-hour emergency department, primary care and specialty clinics, inpatient and outpatient rehabilitation care, a full-service maternity unit, inpatient and outpatient surgery, an intensive care unit featuring eICU, as well as diagnostic imaging capabilities with a state-of-the-art 64-slice CT scanner.

#### *Mission*

Hedrick Medical Center is a member of Saint Luke's Health System. As a faith-based community hospital, Hedrick's mission is to enhance the physical, mental, and spiritual health of the patients it serves. As part of Saint Luke's, Hedrick partners with patients, physicians, payers, employees, and the communities it serves to provide health care services.

#### *Vision*

The best place to get care. The best place to give care.

#### *About Saint Luke's Health System*

Hedrick Medical Center is part of the Saint Luke's Health System in Kansas City, Missouri. The health system has 16 hospitals throughout the Kansas City region. The health system also includes home health, hospice, and behavioral health care, as well as multiple physician practices.

### B. Community Health Needs

#### *Community Health Needs Assessment Objectives*

Hedrick Medical Center conducted its third Community Health Needs Assessment (CHNA) in order to better understand and serve the needs of the community. As part of the 2010 Affordable Care Act, all tax-exempt hospitals must complete a CHNA every three years. The CHNA addresses the health needs in the community and prioritizes the identified needs. The hospital is then responsible for completing an implementation strategy for the priority health needs identified.

#### *Community Health Needs Assessment Summary*

An effort to understand and create a healthier community requires collaboration and input from many community stakeholders. Through data research and key conversations

in the Livingston County community, this CHNA pulls together community findings and addresses top health priorities to help improve community health over the next three years.

#### *Community Health Needs*

A wide range of primary and secondary data was used to identify many health priorities within the Livingston County community. After reviewing all the needs that were brought to our attention, the needs were objectively prioritized and the top three health priorities in Hedrick Medical Center's community are listed below.

- Priority 1: Behavioral Health
- Priority 2: Increased Access to Physical Activity and Nutrition
- Priority 3: Tobacco Cessation

## Section II: Methodology

### Assessment Methodology

Hedrick Medical Center's (HMC) approach in conducting the 2018 CHNA included utilizing several primary and secondary data sources, as well as the 2015 CHNA as a foundation. Several community stakeholders were engaged in order to understand and assess existing, new, emerging and escalating community needs. The needs and health issues identified in the report are reflective of the population served by HMC, including the uninsured, low-income, and minority populations. These needs were reconciled against the 2015 CHNA priorities and secondary research was conducted to further assess the identified list of potential community priorities for the 2018 CHNA. A scorecard framework consisting of a set of evaluation criteria was created, by which the team sought to establish and prioritize opportunities.

### Primary Data

Primary data was collected through conversations with hospital leadership and community stakeholders regarding the needs of the defined population. Stakeholders were selected to get a variety of perspectives that represent the broad interests of the community, including underserved and diverse populations. Questions within these interviews were selected based on the area of expertise of each stakeholder. These targeted interviews with stakeholders were used to help understand, identify, and prioritize community health needs. Two focus groups were also held to gather data about the community health needs.

### Secondary Data

Secondary data was collected through various hospital and community resources. This data is presented in both the context of Livingston County, Missouri, and U.S. to provide the scope as it relates to the broader community. The most current data available was collected and analyzed for key population health indicators and health needs.

### Secondary Data Sources

- County Health Rankings
- Explore MO Health
- National Institute of Mental Health
- Medicare's Hospital Compare
- Healthy People 2020
- Centers for Disease Control and Prevention
- Hospital Industry Data Institute (HIDI)
- Truven Health Analytics

## Community Analysis

### A. Defining the Community

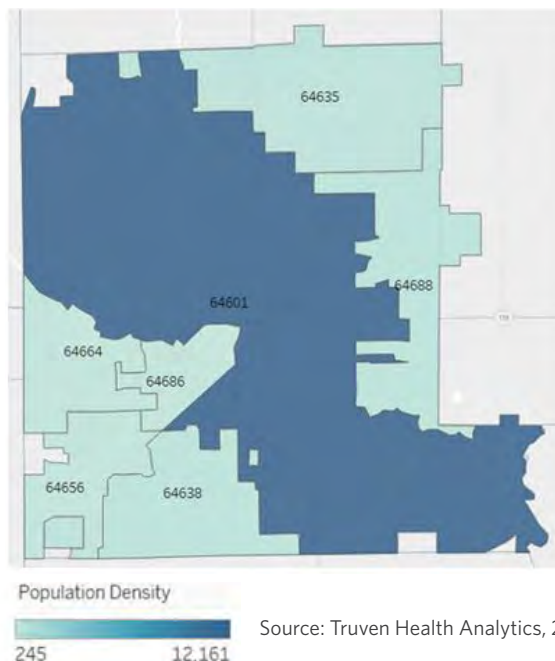
#### Demographic Profile

This section outlines the demographic profile for the Hedrick Medical Center's defined community.

#### Geography

Hedrick Medical Center's community is defined as Livingston County, Missouri (see Figure 1). Livingston County includes seven zip codes.

**Figure 1: Hedrick Medical Center's Defined Community, Livingston County, Missouri**



### B. Population Demographics

#### Livingston County

Livingston County is located on the northwestern portion of Missouri. The total land area is 539 square miles, with a population density of 28 persons per square mile. The county seat and largest city in Livingston County is Chillicothe, Missouri, which is home to 9,515 people. (2010 census)

#### Population Characteristics

As of 2017, the Livingston County population was 14,702. The 35 to 54 age group made up the largest portion of the population at 25.4 percent or 3,735 people followed by the age groups 0 to 17 and 65 and up at 20 percent each or 3,023 and 2,969 people respectively. The smallest age group was 18 to 24 at 8.3 percent of the population or 1,214 people.

Figure 2: Livingston County Age Profile, 2017

| Age Group    | 2017          |             |
|--------------|---------------|-------------|
|              | Population    | % of Total  |
| 00-17        | 3,023         | 20.6%       |
| 18-24        | 1,214         | 8.3%        |
| 25-34        | 1,946         | 13.2%       |
| 35-54        | 3,735         | 25.4%       |
| 55-64        | 1,815         | 12.3%       |
| 65-UP        | 2,969         | 20.2%       |
| <b>Total</b> | <b>14,702</b> | <b>100%</b> |

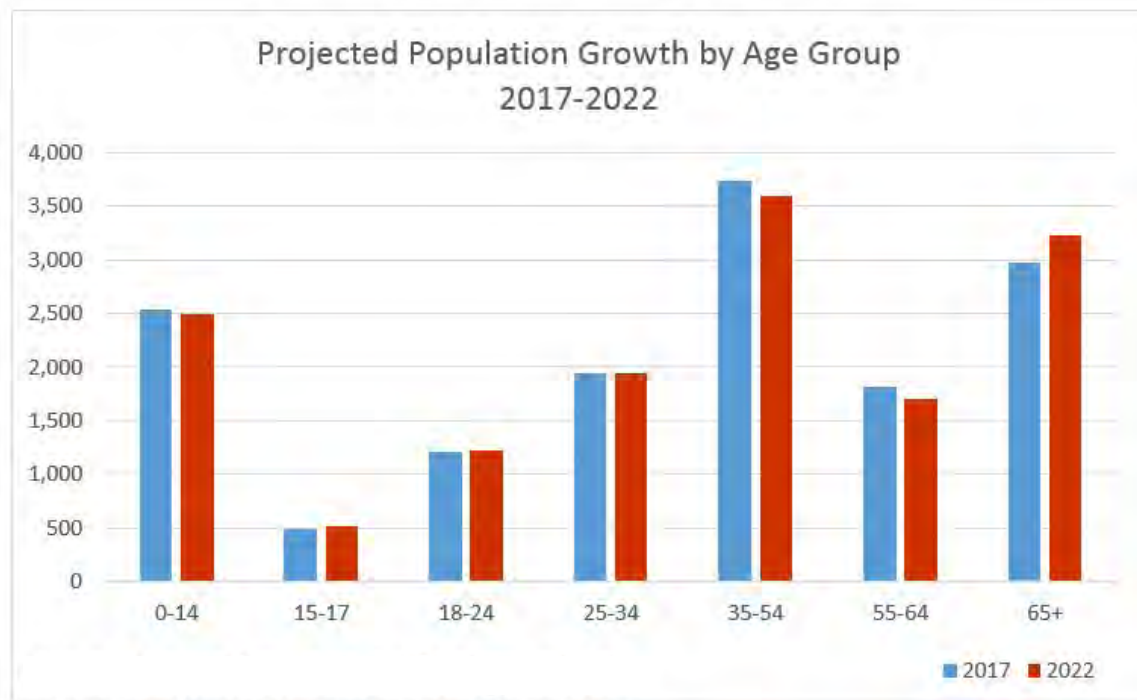
Source: Truven Health Analytics, 2017 Dataset

**Population Growth**

The Livingston County population is not expected to increase nor decrease by 2022. In 2020, the 65 and up age group is expected to increase by two percent points, or 262 people. As a result by 2022, the 65 and up age group is expected to

account for 22 percent of the population in 2022. The age group 45 to 64 is expected to decrease by nine percent. The 18 to 44 age group will remain steady and the 0 to 17 population will decrease slightly by one percent.

Figure 3: Projected Livingston County Population Growth by Age Group, 2017 – 2022



Source: Truven Health Analytics, 2017 Dataset

**Gender Characteristics**

Livingston County has a higher percentage of females to males at 56.5 percent (or 8,304 individuals) to 43.5 percent (or 6,398 individuals). Based on population estimates, the

female population and the male population will remain consistent.

**Ethnicity**

The majority of the population in Livingston County is White (91.8 percent in 2017). The White population is expected to have a negative growth rate from 2015 to 2020 at -3.8 percent, but will still account for over 90 percent of the population in

2020. The Black/African-American population is the next largest at 3.6 percent of the population, and has an expected growth of 25.8 percent (or 124 individuals) from 2015 to 2020.

Figure 4: Population by Race/Ethnicity (2017)

| Single Race                      | 2017       |            |
|----------------------------------|------------|------------|
|                                  | Population | % of Total |
| White                            | 13,502     | 91.8%      |
| Black / African American         | 530        | 3.6%       |
| Hispanic                         | 324        | 2.2%       |
| Asian & Pacific Is. Non-Hispanic | 62         | 0.4%       |
| All Others                       | 284        | 1.9%       |

Source: Truven Health Analytics, 2017 Dataset

**Education**

In 2017, 87 percent of the Livingston County population over 25 years of age had a high school diploma or higher. Of that group, 41 percent had some college education and

17 percent had a bachelor’s degree or higher. Approximately 13 percent of the population had not attained a high school diploma.

**Employment**

As of 2016, about 56 percent of the population above 16 years of age is employed in Livingston County. About four percent of the population was unemployed. The remaining 40 percent

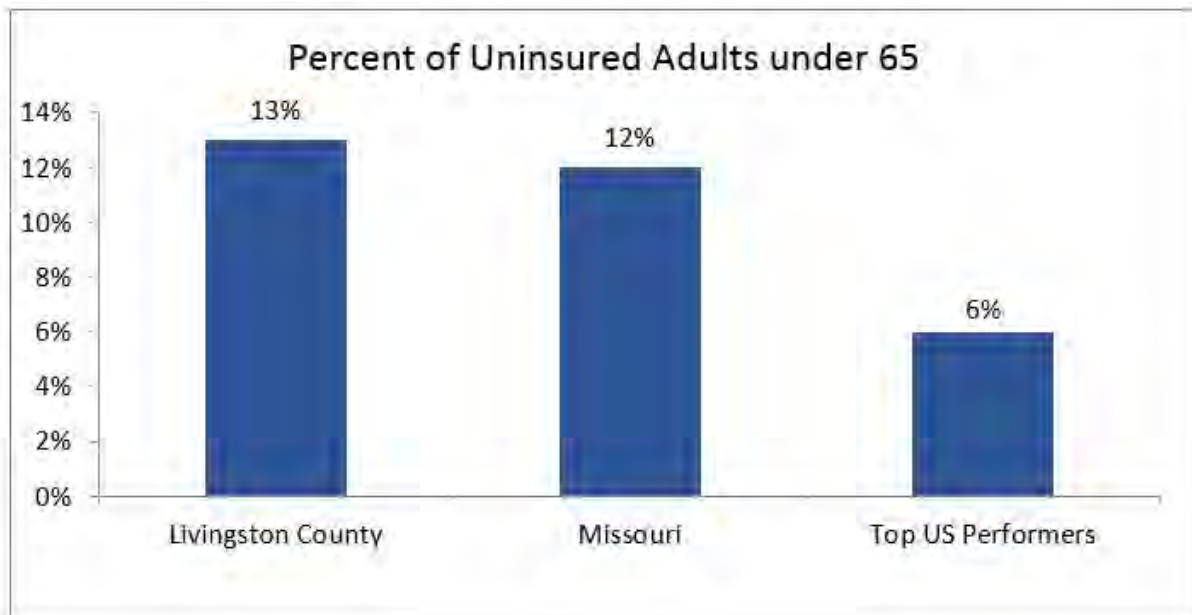
of the population, aged 16 years or above, was considered to be out of the labor force.

**Uninsured Population**

In 2015, 87 percent of the Livingston County adult population under age 65 had health insurance. With an uninsured rate of 13 percent, Livingston County was on par with the Missouri

average, but ranked far behind the top performing U.S. counties.

Figure 5: Percent of Livingston County Uninsured Adults under 65 (2015)



Source: countyhealthrankings.org

### Section III: Health Status of the Population

The following section focuses on measures related to the health status of the population that is served by Hedrick Medical Center. The measures are specific to Livingston County, Missouri. The measures are compared against

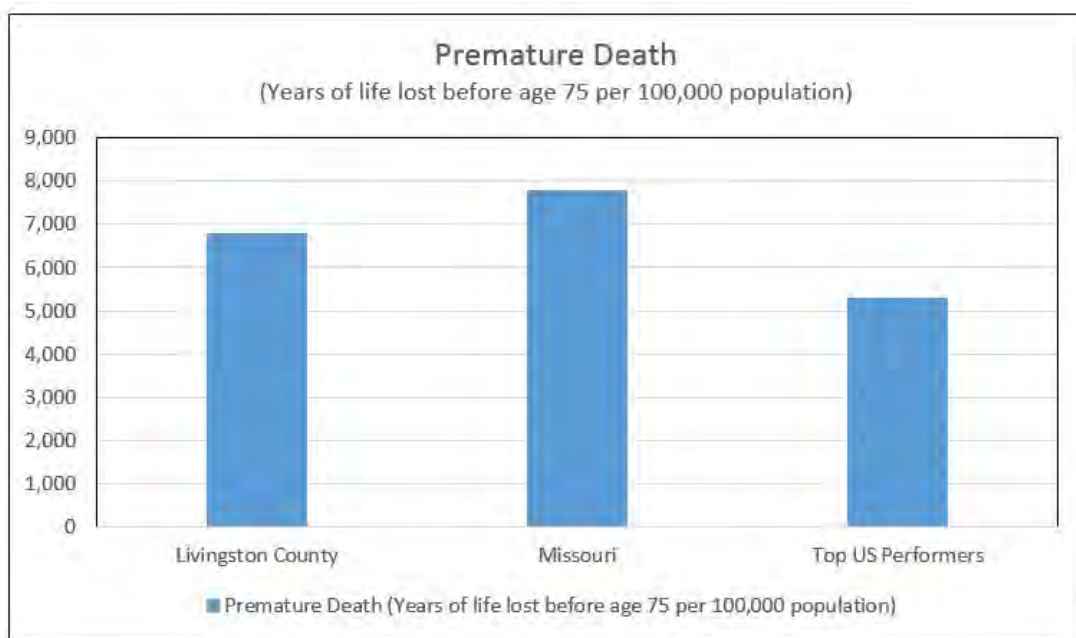
national and state averages or U.S. Department of Health & Human Services Healthy People 2020 goals in order to assess the specific health needs of the population of Livingston County.

#### ***Mortality***

Mortality is a measure used to assess the overall health status of the population. Typically, the mortality rate is age-adjusted, which adequately describes the death rate in a population, but it fails to take into account the population health implications of premature deaths. Figure 6 below shows the premature death rate or years of potential life lost (YPLL) before age 75 per 100,000 population. The advantage of this specific type of mortality measure is that it focuses

on the reasons for premature mortality in a population. The premature death measure avoids focusing on causes of death related to age. Livingston County has a premature death rate well above the U.S. at the 90th percentile of 5,300, but below the state of Missouri rate of 7,800. This measure indicates that the health status of the population in Livingston County is inferior when compared to the state of Missouri and to the top performing U.S. counties.

**Figure 6: Premature Death Rate (2014 – 2016)**



Source: countyhealthrankings.org

#### ***Leading Causes of Death***

It is important to identify the leading causes of death in a population in order to assess the health outcomes in the specific population. Identifying the leading causes of death also allows a community to develop programs or treatment

options that address the needs of the population. The table below shows the top ten leading causes of death in Livingston County during years 2005 to 2015.

Figure 7: Leading Cause of Death (2005 – 2015)

| Leading Cause of Death Profile for Livingston County Residents |                  |                                 |
|----------------------------------------------------------------|------------------|---------------------------------|
|                                                                | Number of Events | Age-Adjusted Rate (per 100,000) |
| Heart Disease                                                  | 592              | 215.4                           |
| All Cancers (Malignant Neoplasms)                              | 459              | 189.64                          |
| Chronic Lower Respiratory Disease                              | 159              | 63.54                           |
| Lung Cancer                                                    | 143              | 60.12                           |
| Stroke/Other Cerebrovascular Disease                           | 125              | 43.05                           |
| Total Unintentional Injuries                                   | 98               | 52.80                           |
| Kidney Disease (Nephritis and Nephrosis)                       | 70               | 24.89                           |
| Alzheimer's Disease                                            | 67               | 21.23                           |
| Pneumonia and Influenza                                        | 64               | 22.03                           |

Source: Missouri Department of Health and Senior Services, Missouri Resident Death - Leading Causes Profile

**Morbidity**

Morbidity measures are purported to measure the quality of life of individuals within a population. The goal of the measures is to focus on the impact that health status has on quality of life. The poor or fair health indicator is a self-reported measure of an individual's perception of their overall health. The poor physical and mental health days indicators are self-reported measures of days of work lost for health-related reasons and are shown as an average number of days lost per month in the table below. The last indicator is low birth weight. Low birth weight is an important

morbidity measure because it is indicative of maternal exposure to health risks, the current and future morbidity of the infant, and risk of premature mortality. The percentage of Livingston County residents who consider themselves to be in poor or fair health is much higher than the average Missouri County at 25 percent. Livingston County also ranks worse than the average Missouri County in the number of poor physical health days reported by residents. Overall, Livingston County ranks 64 out of the 114 counties on morbidity measures assessed in Missouri.

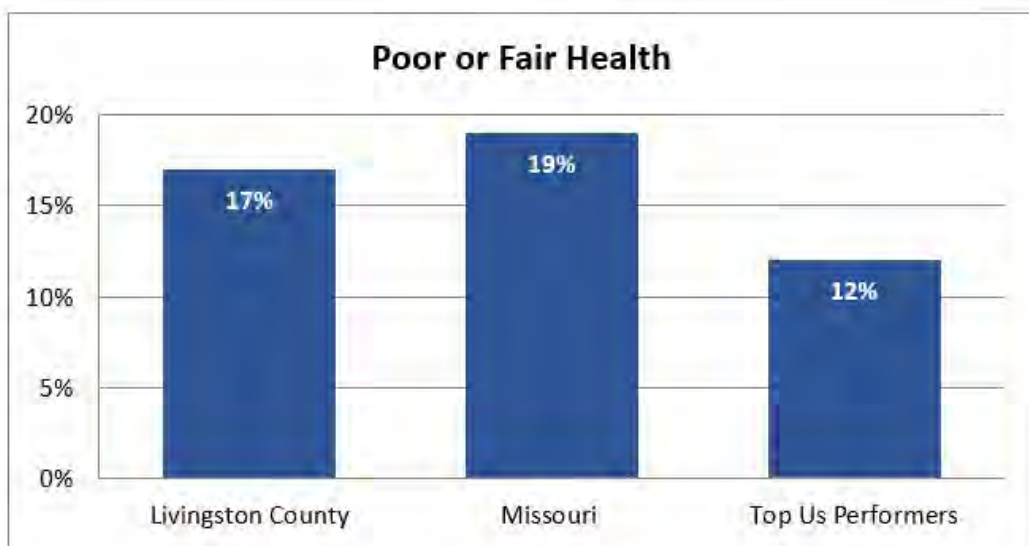
Figure 8: Morbidity Measures

| Indicator                 | Livingston |          |                 |
|---------------------------|------------|----------|-----------------|
|                           | County     | Missouri | 90th Percentile |
| Poor Or Fair Health       | 17%        | 19%      | 12%             |
| Poor Physical Health Days | 4.5        | 4.2      | 3.0             |
| Poor Mental Health Days   | 4.5        | 4.4      | 3.1             |
| Low Birth Weight          | 8.0%       | 8.0%     | 6.0%            |

Source: countyhealthrankings.org



**Figure 9: Poor or Fair Health Measure (2016)**



Source: countyhealthrankings.org

**Heart Disease**

Heart disease is the leading cause of death in Livingston County. According to the CDC, heart disease is the leading cause of death among both men and women in the United

States and accounts for about 630,000 deaths each year, or one in four deaths.

**Figure 10: Heart Disease**

| <b>Livingston County Chronic Disease Profile:</b> |                         |                                        |
|---------------------------------------------------|-------------------------|----------------------------------------|
| <b>Heart Disease</b>                              | <b>Number of Events</b> | <b>Age-Adjusted Rate (per 100,000)</b> |
| Hospital Admissions (2010-2014)                   | 1,365                   | 129.6                                  |
| ER Visits (2010-2014)                             | 2,160                   | 23.7                                   |
| Deaths (2005-2015)                                | 592                     | 215.4                                  |

Source: Missouri Department of Health and Senior Services, Missouri Resident Heart Disease Profile

**Cancer**

Cancer is the second leading cause of death in both Livingston County and the United States. In 2015, approximately 596,000 people died of cancer in the United States.

Among deaths from cancer, lung cancer made up the biggest percentage of cancer deaths in Livingston County from 2005 to 2015..

Figure 11: Cancer Deaths (2005 – 2015)

| Cancer (2005-2015) | Number of Events | Age-Adjusted Rate (per 100,000) |
|--------------------|------------------|---------------------------------|
| Lung Cancer        | 143              | 60.12                           |
| Colorectal Cancer  | 58               | 23.91                           |
| Breast Cancer      | 31               | 12.69                           |

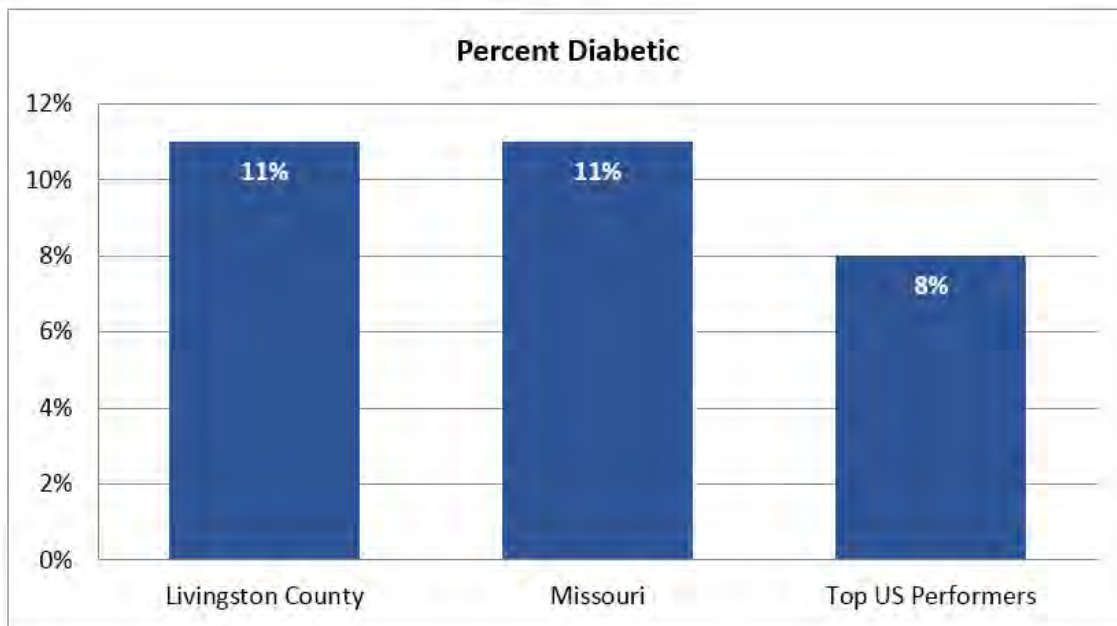
Source: Missouri Department of Health and Senior Services, Missouri Resident Death - Leading Causes Profile

**Diabetes**

Diabetes impacts approximately 29.1 million people in the United States and it lowers life expectancy by up to 15 years, increases the risk of heart disease by two to four times, and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. Measuring the prevalence of

diabetes in a population is important in assessing the overall health of the population. Livingston County is on par with the average Missouri County in this measure, but higher than the top U.S. performing counties.

Figure 12: Diabetic Adults (2014)

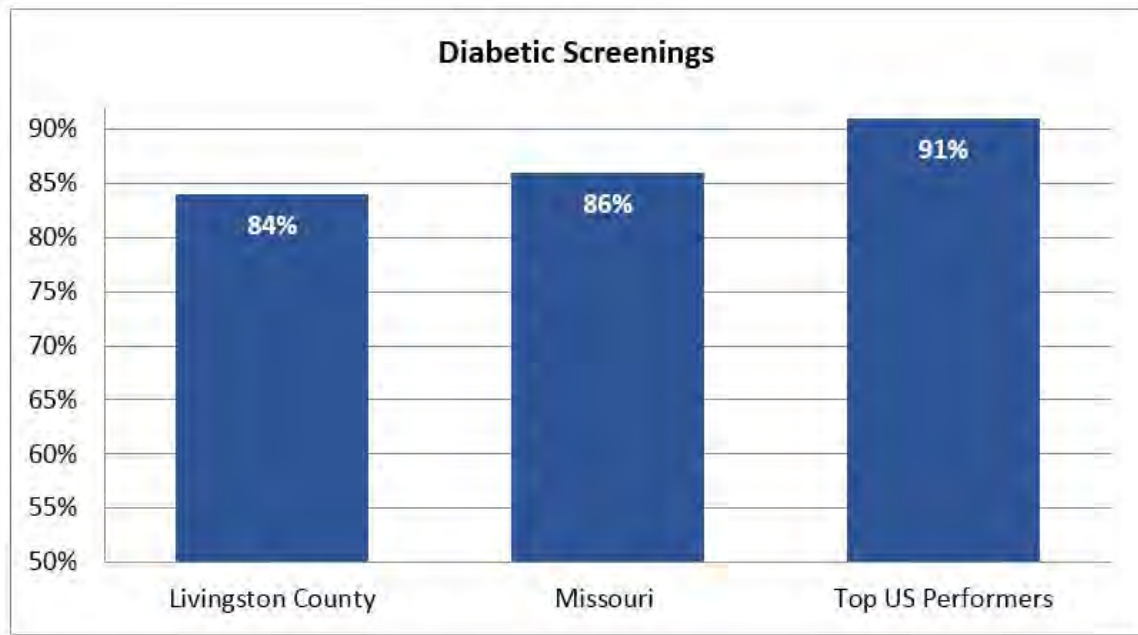


Source: countyhealthrankings.org

Diabetic screenings are an important part of disease management. By regularly monitoring an individual's diabetes, poor health outcomes and premature mortality can be avoided. The diabetic screening percentage below measures the percent of diabetic Medicare patients whose

blood sugar control was screened in the past year. This is considered to be the standard of care for diabetes. Livingston County ranks lower than the average Missouri County in this measure, at 81 percent.

Figure 13: Diabetic Screening (2014)



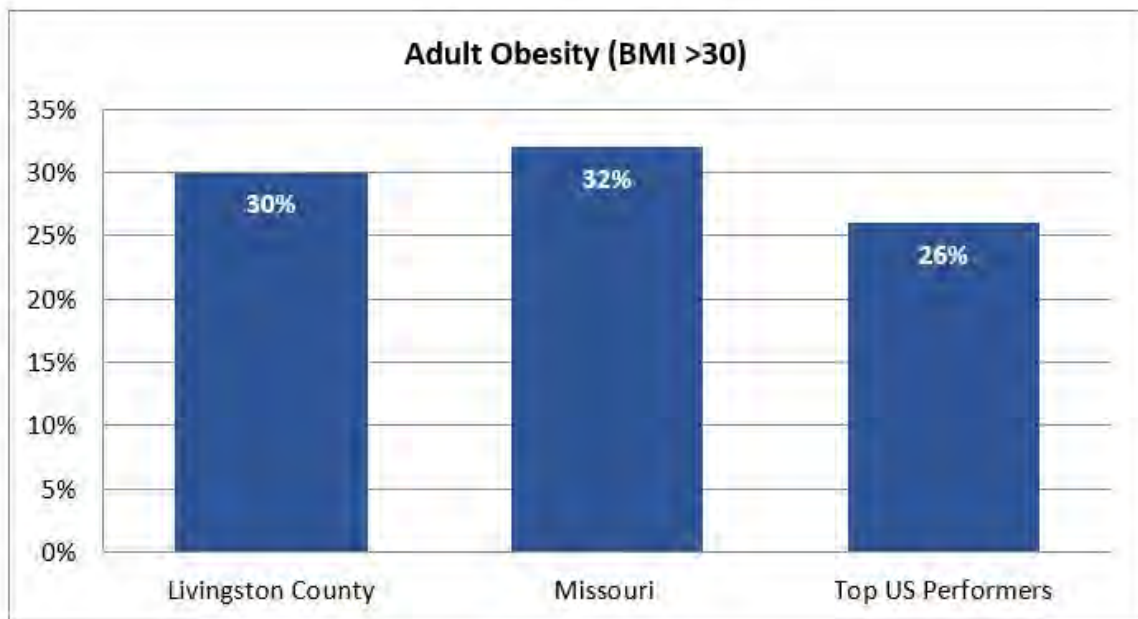
Source: countyhealthrankings.org

**Adult Obesity**

Obesity increases the risk of many other health conditions including Type 2 diabetes, cancer, hypertension, heart disease, and stroke. Monitoring and improving obesity rates have the ability to have substantial impact on the health of

a particular community. The percentage of obese adults in Livingston County is slightly lower than the average Missouri County at 30 percent.

Figure 14: Percent of Adults with Obesity (2014)



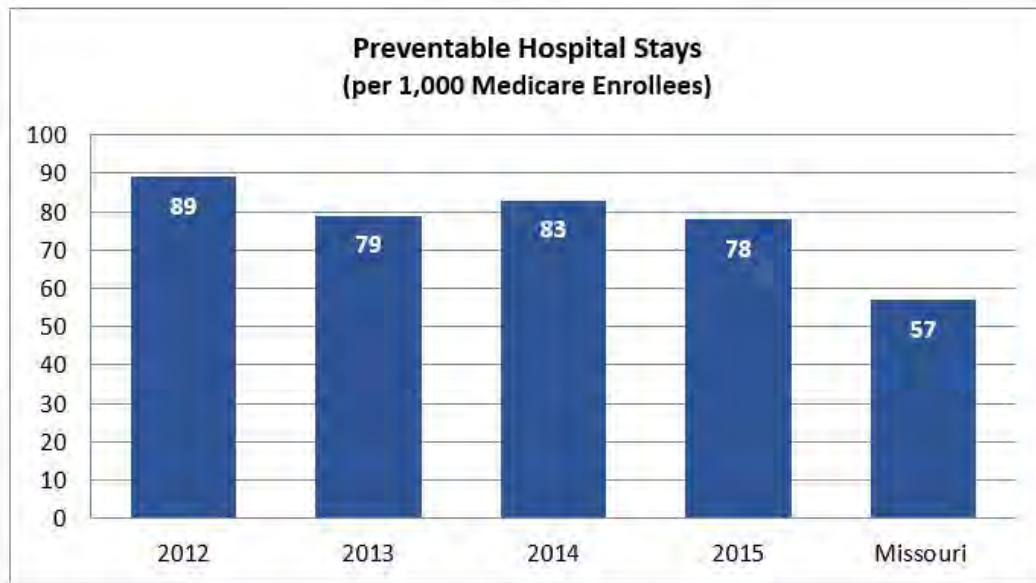
Source: countyhealthrankings.org

**Preventable Hospital Stays**

Preventable hospital stays measure a community’s level of access to services. This includes access to primary care providers and the quality of the level of care being provided to

a particular community. This measure not only indicates how well the care is being provided, but also assesses the potential overuse of a hospital as a primary source of care.

**Figure 15: Preventable Hospital Stays for Livingston County Medicare Residents (2012 – 2015)**



Source: countyhealthrankings.org

**Mental Health**

Mental health disorders are one of the leading causes of disability. Mental illness can have a profound impact on the health of a population. Managing mental illnesses is vital to ensure a community is able to function appropriately and positively impact society. According to the National Institute

of Mental Health, 44.7 million people suffer from mental illness in a given year. This accounts for nearly 18 percent of all U.S. adults. Mental health and physical health are interconnected.

**Figure 16: Mental Health Factors**

|                                          | Livingston County  | State Median       | National (top 10%) |
|------------------------------------------|--------------------|--------------------|--------------------|
| Access to Mental Health Providers (2017) | 1,900:1            | 590:1              | 330:1              |
| Poor Mental Health Days (2016)           | 4.5<br>Per 30 days | 4.4<br>Per 30 days | 3.1<br>Per 30 days |

Source: countyhealthrankings.org

**Health Behaviors**

Assessing the behaviors of a particular community is essential to assessing the overall health of the population. People who do not adopt healthy behaviors are at an increased risk for other health problems. Human behaviors have a direct impact on health outcomes. A large percentage

of preventable deaths are attributed to risky behaviors such as smoking, unhealthy diets, and risky sexual behavior. There are a multitude of factors influencing a change in behavior, including structural, educational, and environmental factors.

**Figure 17: Health Behaviors**

|                                                                                       | Livingston County | State Median | Top U.S. Performers |
|---------------------------------------------------------------------------------------|-------------------|--------------|---------------------|
| Adult Smoking (2016)                                                                  | 20%               | 22%          | 14%                 |
| Food Environment Index (2015)<br>(out of 10)                                          | 7.8               | 6.7          | 8.6                 |
| Physical Inactivity (2014)<br>(adults over 20 reporting no leisure physical activity) | 25%               | 26%          | 20%                 |
| Teen Pregnancy Rate (2010-2016)<br>(per 1,000 15-19 year old females)                 | 38                | 30           | 15                  |
| Sexually Transmitted Infections (2015)<br>(Chlamydia, Per 100,000 population)         | 319               | 477          | 145                 |

Source: countyhealthrankings.org

**Access to Care**

**Access to Primary Care Physicians**

Primary care physicians include M.D.'s and D.O.'s under the age of 75. Primary care specialties include general practice medicine, family medicine, internal medicine, and pediatrics. This measure indicates not only financial access but also physical access to providers. The goal of increasing access to primary care physicians is to reduce utilization

of unnecessary services. There has been clear evidence of unnecessary utilization associated with specialist visits. Appropriate access to primary care can help reduce the hospital readmission rates giving patients the right care at the right time.

**Figure 18: Access to Care**

|                                                                                           | Livingston County | Missouri | Top U.S. Performers |
|-------------------------------------------------------------------------------------------|-------------------|----------|---------------------|
| Primary Care Physician Ratio (2015)                                                       | 1,370:1           | 1,420:1  | 1,030:1             |
| Mental Health Provider Ratio (2017)                                                       | 1,900:1           | 590:1    | 330:1               |
| Dentists (2016)                                                                           | 1,520:1           | 1,810:1  | 1,280:1             |
| Uninsured Adults (2015)<br>(Adults under 65 without health insurance)                     | 15%               | 14%      | 7%                  |
| Uninsured Children (2015)                                                                 | 7%                | 6%       | 3%                  |
| Health Care Costs (2015)<br>(Average price adjusted Medicare reimbursements per enrollee) | \$10,620          | \$9,750  | -                   |

Source: countyhealthrankings.org

## A. National Priorities

### *Healthy People 2020*

The Healthy People 2020 initiative identifies 10-year national objectives to improve the health of the United States population. According to the United States Department of Health & Human Services, the mission of Healthy People 2020 is to strive to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

This mission is achieved through the development of Leading Health Indicators (LHIs). The United States Department of Health & Human Services developed an LHI framework that analyzes both determinants of health and health disparities as well as health across the life stages. The Healthy People 2020 LHIs include the following:

- Access to health services
- Clinical preventive services
- Environmental quality
- Injury and violence
- Maternal, infant, and child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco

## Section IV: Summary of Findings

### Community Health Needs

#### Priority 1: Behavioral Health Care

##### *Overview*

Behavioral health care is a term, which refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders. These disorders are health conditions characterized by alterations in thinking, mood,

or behavior (or some combination thereof), and associated with distress and/or impaired functioning. These disorders cause a host of problems that may include personal distress, impaired functioning and disability, pain, or death.

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##### *Prevalence*

The burden of mental illness is among the highest of all diseases. Roughly, one-fifth of adults and one-fifth of children have had a mental health disorder in the 2016.

Primary data sources identified behavioral health needs as high priority for the community. Additionally, behavioral health was identified as a common secondary diagnosis to multiple acute episodes at Hedrick Medical Center.

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##### *Impact*

Unfortunately, comorbidity between mental and medical conditions is the rule rather than the exception. The 2001 – 2003 National Comorbidity Survey Replication, a nationally representative epidemiological survey shows 68 percent of people with a diagnosed mental disorder report having at least one general medical disorder and 29 percent of people with a medical disorder had a comorbid mental health. Data from analyses of Medicaid claims indicate that more

than half of disabled Medicaid enrollees with psychiatric conditions also had claims for diabetes, heart disease or pulmonary disease, substantially higher than rates of these illnesses among persons without psychiatric conditions. Consequently, the impact of the need for more behavioral health care access affects the biomedical needs of the Livingston County Community as well.

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##### *Available Resources*

- Theresa Benskin, LCSW
- Hedrick Medical Center
- North Central Missouri Mental Health

- Preferred Family Healthcare
- Senior Life Solutions – Wright Memorial Hospital
- VET Center Hotline: (660) 359-2078

## Priority 2: Access to Care

### Overview

Livingston County demonstrated a need for increased physical activity and nutrition for the community as a whole, but especially in the underserved and vulnerable populations.

Physical activity and nutrition play a vital role in the overall health of members of a community

### Prevalence

Physical Activity/Nutrition – The chart below shows the physical activity indicators as well as the nutrition factors for Livingston County in comparison to the state median

value. These values demonstrate some needs for Livingston County in terms of availability of health food options for the members of the community.

Figure 19: Physical Activity and Nutrition Factors

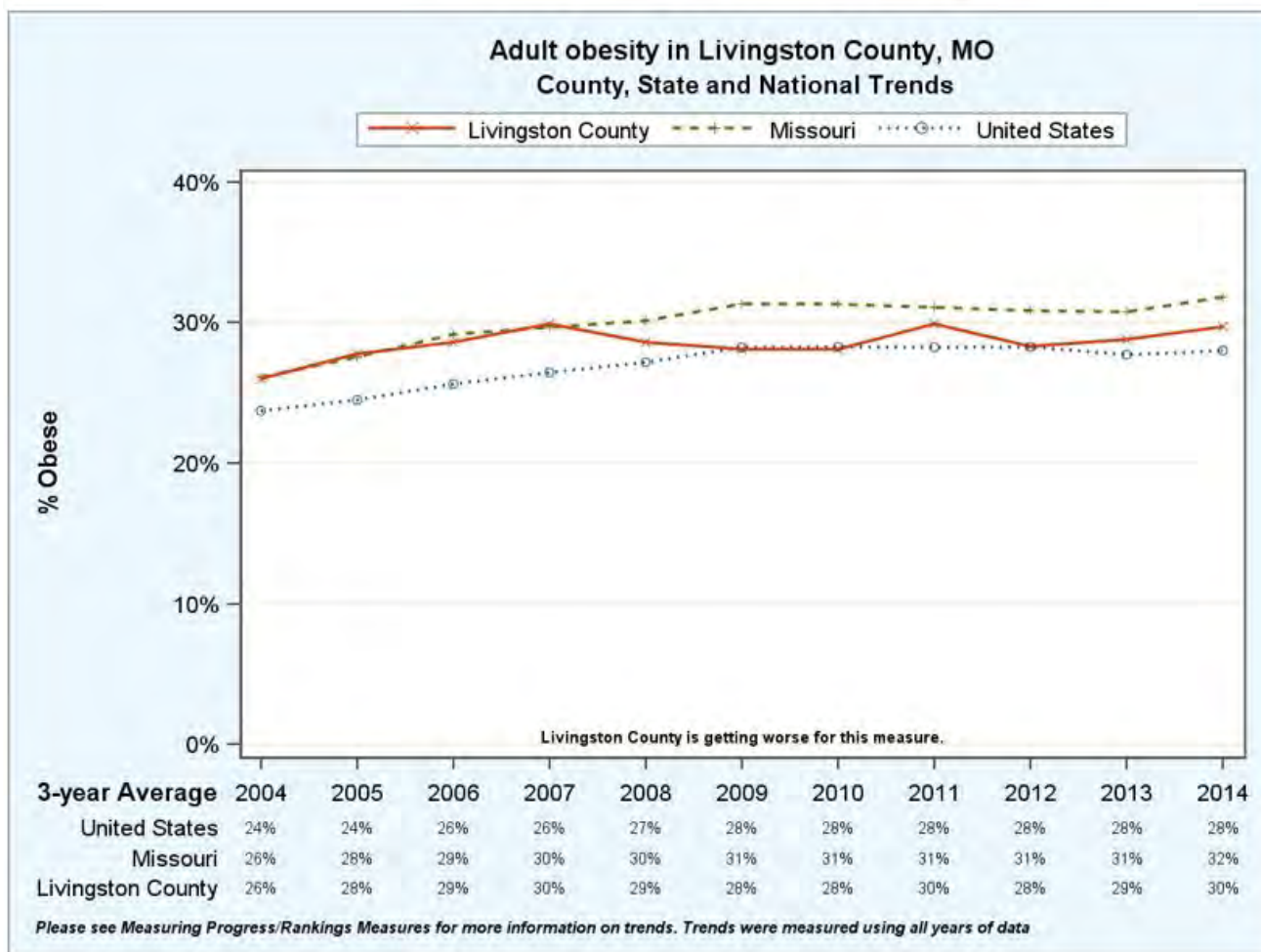
| Indicator                                                                                   | Livingston County | State Median | To U.S. Performers |
|---------------------------------------------------------------------------------------------|-------------------|--------------|--------------------|
| Physical Inactivity (2014)                                                                  | 25%               | 26%          | 20%                |
| Access to Exercise Opportunities (2016)<br>(population who live close to park/rec facility) | 64%               | 77%          | 91%                |
| Food Insecurity (2015)<br>(percent of population)                                           | 15%               | 16%          | 10%                |
| Limited Access to Health Foods (2015)                                                       | 4%                | 7%           | 2%                 |
| Food Environment Index (2015)                                                               | 7.8               | 6.7          | 8.6                |

Source: countyhealthrankings.org

Diabetes – In 2014, 11 percent of Livingston County adults over the age of 18 had been diagnosed with diabetes. While this was on par with the Missouri average, the risk of diabetes prevalence increasing as physical inactivity and nutrition statistics worsen. Diabetes is impacted by many other factors including diet and physical activity.

Obesity/Overweight – In Livingston County, both the percent of adults who are obese (BMI > 30) and adults who are overweight has been increasing over time. Figure 20 shows a trend line in which the percentage of obese adults in Livingston County increased alongside the state and national percentages.

Figure 20: Adult Obesity Trends (2004 – 2014)



**Impact**

Physical Activity/Nutrition – Decreased physical activity affects several disease conditions such as Type 2 diabetes, hypertension, cardiovascular disease, cancer, stroke, and premature mortality. Nutrition is imperative to maintaining a healthy community as well. Food insecurity and low access to healthy food will leave the community at an increased risk for adopting unhealthy lifestyle choices. People who live further away from grocery stores are more likely to choose to eat at fast food restaurants, which can lead to higher incidences of obesity and obesity-related health problems.

Diabetes – Poor nutrition and a lack of physical activity can lead to diabetes. Diabetes was the eleventh leading cause

of death in Livingston County, and ranks in the top ten of leading causes of death nationally. Diabetes can lead to many other medical complications including blindness, end-stage renal disease, and possible amputation.

Obesity/Overweight - Adult obesity is important because obesity increases the risk of many other health conditions. These conditions include Type 2 diabetes, cancer, hypertension, heart disease, and stroke. Monitoring and decreasing obesity rates can have substantial positive impact on the health of a particular community.

**Available Resources**

- Grand River YMCA
- Chillicothe Farmer’s Market
- Livingston County Health Center
- Hedrick Medical Center’s walking paths
- Crowder State Park
- Pershing State Park
- American Diabetes Association
- American Heart Association



### Priority 3: Tobacco Cessation

#### Overview

Smoking remains one of the leading preventable causes of premature disease and death in the United States, with around 480,000 lives lost per year. The chemicals and chemical compounds in tobacco smoke are carried in the blood to all parts of the body. Smoking can cause cancer, heart attack, stroke, asthma attacks, COPD, emphysema, and chronic bronchitis among other conditions.

#### Prevalence

Despite decades of warnings on the dangers of smoking, nearly 38 million adults and more than 3.5 million middle and high school students continue to smoke cigarettes. Significant disparities in tobacco use persist among certain racial/ethnic populations, and among groups defined by educational level, socioeconomic status, and geographic region. The majority (88 percent) started smoking before 18 years of age, and nearly all first-use of cigarettes occurs before 26 years of age. As new tobacco products become

available, youth and young adults tend to utilize more E-cigarettes than the convention cigarette (USDHHS 2016).

In 2016, approximately 20 percent of the Livingston County population self-reported smoking cigarettes some days or every day. This is slightly lower than the state average of 22 percent, and significantly higher than the national average of 17 percent.

Exposure to secondhand tobacco smoke has also been linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.

Figure 21: Adult Smoking

| Report Area           | Total Population Age 18+ | Total Adults Regularly Smoking Cigarettes | Percent Population Smoking Cigarettes (Crude) |
|-----------------------|--------------------------|-------------------------------------------|-----------------------------------------------|
| Livingston County, MO | 11,680                   | 2,324                                     | 21.5%                                         |

Source: US Department of Health & Human Services, Health Indicators Warehouse. 2006 -12.

#### Impact

A conclusive body of evidence exists showing the adverse impact of tobacco use on human cells and organs and on overall health. Health statistics show that all populations are affected.

In addition to the impact that smoking has on health and well-being, the United States pays enormous financial costs

because of smoking. In 2014 productivity losses from premature death alone exceeded \$150 billion per year. Additionally, the value of lost productivity due to premature deaths caused by exposure to secondhand smoke were estimated to be \$5.6 billion per year. The annual costs of direct medical care of adults attributable to smoking was estimated to be nearly \$170 billion in 2014.

#### Available Resources

- Missouri Quitline
- CDC Quitline – 1-800-QUIT-NOW
- Tobacco21
- National Cancer Institute – smokefree.gov
- SmokefreeTXT
- American Heart Association
- American Cancer Society
- American Lung Association

## Section V: Appendix

### A. Key Contributors (Interviews conducted from June – July 2018)

#### *Hospital Leadership*

Chief Executive Officer – Steve Schieber  
 Chief Nursing Officer – Catherine Hamilton  
 Chief Financial Officer – Janet Buckman

#### *Public Health Contributors*

Livingston County Health Center

#### *Community Partners*

Focus Group 1: HMC's Community Advisory Board  
 Focus Group 2: LCHC's Community Wellness Committee

|                                                   | Hedrick Medical Center | Livingston County Health Center | HMC Community Advisory Board | LCHC Community Wellness Committee |
|---------------------------------------------------|------------------------|---------------------------------|------------------------------|-----------------------------------|
| Represents Public Health                          |                        | X                               | X                            | X                                 |
| Represents Medically Underserved Populations      | X                      | X                               | X                            | X                                 |
| Represents Low Income Populations                 | X                      | X                               | X                            | X                                 |
| Represents Populations with Chronic Disease Needs | X                      | X                               | X                            | X                                 |
| Represents Minority Populations                   | X                      | X                               | X                            | X                                 |

## Primary Data/Key Informant/Focus Group Summaries

### **Hospital Leadership**

Attendees: Steve Schieber (CEO), Catherine Hamilton (CNO), Janet Buckman (CFO), Trenton Stringer

- Needs Identified: Behavioral Health, Poverty, Food Insecurity, Tobacco/Nicotine, Obesity

### **Public Health – Livingston County Health Center**

Attendees: Sherry Weldon (Administrator), Mary Taylor (LCHC), Trenton Stringer

- Needs Identified: Behavioral Health, Poverty, Food Insecurity, Tobacco/Nicotine, Obesity

### **Focus Group 1: HMC’s Community Advisory Board**

Attendees: Juanita Assel (Bank Midwest), Barb Burton (PATCH), H. Eugene Moyers, Ph.d. (retired college professor), Catherine Ripley (Constitution Tribune), Bill Hayen (GFG Ag Services), Terry Rumery (Rumery & Associates), Ed Turner (EST Enterprises), Dr. Roger Barnes (Chillicothe schools), Greg Hughes (House of Prayer), Rod Cotton (Farmers’ Electric Cooperative), Ken Lauhoff (Lauhoff Jewelry and Mid-Western Advertising), Sherry Weldon (Livingston County Health Department), Mike Palmer (Hometown Pharmacy), Carol Sloan (Premier Eye Care), Trenton Stringer (SLHS)

- Needs Identified: Behavioral Health, Obesity, Poverty, Food Insecurity

## **B. Data Limitations**

While this assessment included important data sources and stakeholders, it does not represent all possible aspects of community needs, nor adequately represents all populations of interest. The information gaps present in the primary and secondary data analysis must be recognized as a barrier that limits the full ability to assess all of HMC’s community health needs. The focus of the targeted stakeholder interviews, focus groups, and analysis of secondary data was to gain powerful insights on top health concerns.

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics cover a wide range of health and health related areas, within each topic the scope and depth of quantitative data indicators and qualitative findings varies. In some topics there is a robust set of quantitative data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators. The breadth of qualitative data findings is dependent on who was nominated and selected to be a

### **Focus Group 2: LCHC’s Community Wellness Committee**

Attendees: Kim Swaney, Mikayli Purvis, Ryan Weideman, Deborah Trautloff, Mary Ruth Altheide, Angela Hibner, Rosina Harter, George Harter, Susan Davis, Angela Englert, Jessica Adkins, Karla Kinzle, Shelby Harmon, Jen Clark, Traci Fields, Trenton Stringer

- Needs Identified: Behavioral Health, Transportation, Drug/Substance Abuse, Obesity, Poverty

### **Other Community Stakeholder Interviews**

Attendees: Betty Preston-Steele, John Marcolla, Trenton

- Needs Identified: Drug/Substance Abuse, Behavioral Health Access, Tobacco, Access to Care

key contributor, as well as the availability of selected key contributors to be interviewed during the time period of qualitative data collection.

Many key public health indicators are collected at varying intervals. These intervals may or may not coincide with other indicators. This interval inconsistency does pose challenges when performing analysis across a wide range of datatypes and datasets, especially when data is not always collected annually, meaning that some data is several years old. Furthermore, disaggregated data around age, ethnicity, race, and gender is not available for all data indicators, which limited the ability to examine disparities of health within the community.

No public comments were received from the previous CHNA via the Saint Luke’s Community Benefit email inbox; therefore, they could not be taken into consideration for this CHNA process.

### C. Evaluation of Impact

Hedrick Medical Center's previous Community Health Needs Assessment was conducted in 2015. Following the approval by the board, the Implementation Plan was also adopted.

Below are the different action items that were included on the 2015 Implementation Plan with their completion status listed. Even though some of the identified needs changed for 2018, all of these programs will continue to exist

in order to better the health in the community we serve. We believe that these programs have been effective in addressing the significant needs of our community. In the 2018 Community Benefit Implementation Plan, measures will be reported and tracked to determine the effectiveness of each program to better guide our community-based programs..

| Milestone / Sub-Activity | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Status   | Comments |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b>                 | <b>Improved Access to Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |          |
| 1.1                      | HMC will continue to accept Kansas Medicaid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Complete | On-Going |
| 1.2                      | Saint Luke's Health System will continue to advocate on key health policy issues at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Complete | On-Going |
| 1.3                      | HMC has also recently enhanced access to healthcare services for our community by opening a weekend clinic that provides primary care services on Saturdays and Sundays.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete | On-Going |
| 1.4                      | As a member of Saint Luke's Health System, Hedrick Medical Center has the ability to connect local patients with a range of highly trained physician specialists. Hedrick Medical Center offers a wide range of services, including:<br>Allergy, Brain & Spine, Cancer Care, Diabetes, Emergency Department, Endocrinology, Gynecology, Heart & Vascular, Hospitalist Program, Imaging (Radiology), Infusion Therapies, Intensive Care (ICU), Lab-Outpatient, 3-D Mammography, Maternity, Nephrology, Occupational Health, Orthopedics, Physical Medicine, Podiatry, Psychiatry, Pulmonary Rehabilitation, Pulmonology, Rehabilitation, Short Term Rehab, Surgical Services, Wound Care | Complete | On-Going |
| <b>2</b>                 | <b>Increased Access to Physical Activity and Nutrition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |          |
| 2.1                      | HMC is currently in the process of building a healing garden on campus, which will include walking paths open to all community members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Complete |          |
| 2.2                      | Staff at Hedrick Medical Center hold an annual food drive for community members in need of healthy food                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Complete |          |
| 2.3                      | HMC offers free sports physicals to high school athletes in the community                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Complete |          |
| <b>3</b>                 | <b>Behavioral Health Care</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |          |
| 3.1                      | Hedrick Medical Center currently employs a Psychiatric Mental Health Clinical Nurse Specialist (PMHCNS) who comes to Hedrick once a week via the tele-health program to treat patients with mental health needs. In addition to the weekly visits the specialist is also creating specific days to see new patients only.                                                                                                                                                                                                                                                                                                                                                               | Complete | On-Going |
| 3.2                      | Hedrick Medical Center will continue to offer a range of mental health services, including specialist and Tele-health services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complete | On-Going |
| 3.3                      | Hedrick also provides a mental health evaluation for patients who present themselves to the Emergency Department with psychological concerns or self-inflicted injuries.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete | On-Going |

D. Prioritization Scorecard

| SCORECARD<br>FRAMEWORK                       | Primary Data<br>Criteria              | Secondary Data Criteria |                       |                          | Impact Criteria                        |                       | Total<br>Composite<br>Score |
|----------------------------------------------|---------------------------------------|-------------------------|-----------------------|--------------------------|----------------------------------------|-----------------------|-----------------------------|
|                                              | Stakeholder<br>Interview<br>Frequency | 2015 CHNA<br>Need       | State Data<br>Support | National Data<br>Support | Community<br>Support/<br>Collaboration | Community<br>Momentum |                             |
|                                              | Weighted 1 to<br>3                    | 1=Yes, 0=No             | Weighted 1 to<br>3    | Weighted 1 to<br>3       | 1=Yes, 0=No                            | 1=Yes, 0=No           |                             |
| <b>Identified Needs</b>                      |                                       |                         |                       |                          |                                        |                       |                             |
| Behavioral Health                            | 3                                     | 1                       | 3                     | 3                        | 1                                      | 1                     | <b>12.0</b>                 |
| Access to Physical<br>Activity and Nutrition | 2                                     | 1                       | 3                     | 3                        | 1                                      | 1                     | <b>12.0</b>                 |
| <i>Tobacco Cessation</i>                     | 2                                     | 1                       | 3                     | 3                        | 1                                      | 1                     | <b>11.0</b>                 |
| Transportation                               | 2                                     | 0                       | 3                     | 3                        | 1                                      | 0                     | <b>9.0</b>                  |
| Opioids                                      | 3                                     | 0                       | 2                     | 2                        | 1                                      | 1                     | <b>9.0</b>                  |
| Poverty                                      | 2                                     | 0                       | 2                     | 2                        | 1                                      | 0                     | <b>7.0</b>                  |
| Chronic Disease                              | 1                                     | 0                       | 2                     | 2                        | 0                                      | 0                     | <b>5.0</b>                  |
| Access to Care                               | 1                                     | 0                       | 2                     | 2                        | 0                                      | 0                     | <b>5.0</b>                  |
| Stroke                                       | 1                                     | 0                       | 1                     | 1                        | 0                                      | 0                     | <b>3.0</b>                  |
| COPD                                         | 1                                     | 0                       | 1                     | 1                        | 0                                      | 0                     | <b>3.0</b>                  |
| Health Literacy                              | 1                                     | 0                       | 1                     | 1                        | 0                                      | 0                     | <b>3.0</b>                  |
| Housing                                      | 1                                     | 0                       | 1                     | 1                        | 0                                      | 0                     | <b>3.0</b>                  |

\*\*Anything scoring a 10 or above was prioritized

### ***E: Board Approval Date***

The 2018 Community Health Needs Assessment was approved by Hedrick Medical Center's Board of Directors on October 25, 2018. This Community Health Needs Assessment specifies community health needs that Hedrick

Medical Center has determined to be the priority health needs and will address through actions described in the Implementation Plan in whole or in part and that are consistent with its mission.

### ***F. Secondary Data Analysis***

- Centers for Disease Control and Prevention
- County Health Rankings & Roadmaps
- Data USA
- ExploreMOHealth
- Healthy People 2020

- Kaiser Family Foundation
- Missouri Department of Health and Senior Services
- National Institute of Mental Health
- Hospital Industry Data Institute

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