Anderson County Hospital
Community Health Needs Assessment

2021

◆ Anderson County Hospital

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EXECUTIVE SUMMARY

Introduction

This Community Health Needs Assessment ("CHNA") was conducted by Anderson County Hospital ("ACH" or "the hospital") to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Anderson County Hospital is a critical access hospital located in Garnett, Kansas. As a part of Saint Luke's Health System, Anderson County Hospital provides access to leading medical and surgical protocols. The facility includes a 24/7 Level IV Trauma Center with on-site transport and helipad, inpatient care, outpatient surgery and rehabilitation, laboratory and imaging services (including 3-D mammography), highly trained physicians and specialists at Anderson County Specialty Clinic, and the Residential Living Center. Additional information about ACH is available at: https://www.saintlukeskc.org/locations/anderson-county-hospital.

Saint Luke's Health System ("SLHS") is a faith-based, not-for-profit health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. The system is dedicated to enhancing the physical, mental, and spiritual health of the diverse communities it serves. Saint Luke's Health System operates 18 hospitals and campuses across the Kansas City region, home care and hospice services, behavioral health care, dozens of physician practices, a life care senior living community, and additional facilities and services. Additional information regarding SLHS is available at: https://www.saintlukeskc.org/about-saint-lukes.

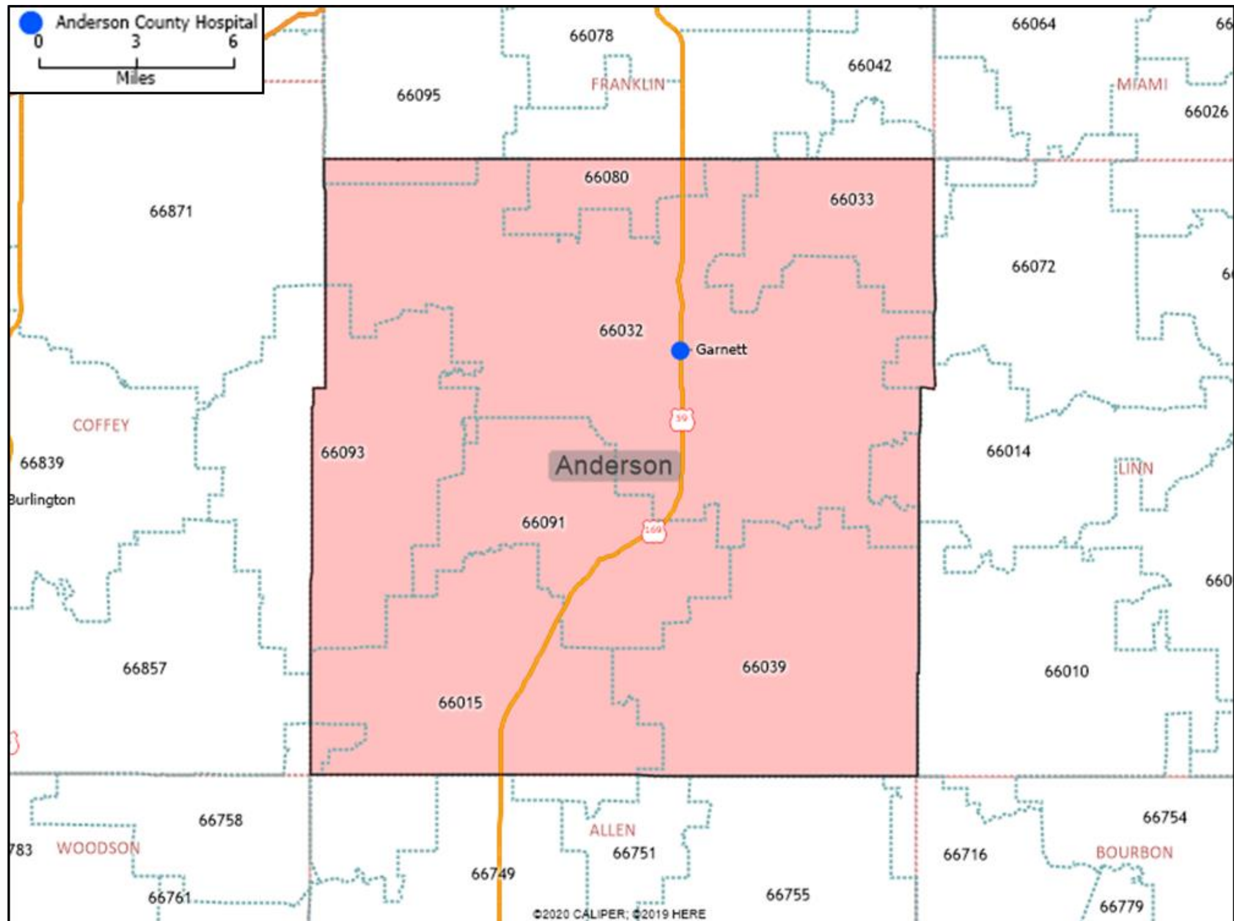
This CHNA was conducted using widely accepted methodologies to identify the significant health needs of the community served by ACH. The assessment also was conducted to comply with federal laws and regulations.

Community Assessed

For purposes of this CHNA, ACH's community is defined as Anderson County, Kansas. The community was defined by considering the geographic origins of the hospital's inpatient discharges and emergency room visits in calendar year 2020. Anderson County accounted for approximately 78 percent of the hospital's 2020 inpatient discharges and 76 percent of emergency room cases.

The total population of Anderson County in 2019 was 7,835.

The following map portrays the community assessed by ACH and the hospital's location within Anderson County.



Source: Caliper Maptitude, 2020.

Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, the significant health needs in the community served by Anderson County Hospital are:

- Access to Care
- Aging Population Needs
- COVID-19 Pandemic and Effects
- Health Education and Preventive Health
- Mental Health and Access to Mental Health Services
- Obesity and Physical Inactivity
- Poverty
- Substance Use Disorder

Significant Community Health Needs: Discussion

Access to Care

Accessing health care services is challenging for some members of the community, particularly for those who are low-income, uninsured, underinsured, and with limited transportation options.

The per-capita supply of primary care physicians, dentists, and mental health providers in Anderson County is low compared to peer county, state, and national averages. The federal government has designated the county as a Health Professional Shortage Area ("HPSA") for low-income residents seeking access to primary care physicians and dentists. The county also has been designated as a HPSA for mental health professionals, and its low-income residents as a Medically Underserved Population ("MUP").

Community representatives who provided input into this CHNA ("community informants") confirmed that providers are in short supply. Access to mental health services (particularly inpatient hospitalization) is limited due to a lack of providers, leading to long wait times and need for residents to travel to urban areas. Primary care providers and specialists are in short supply as well, leading to travel to other areas for services such as cancer care.

Along with a lack of providers, transportation was identified as significant barrier to accessing care. Community informants identified transportation as a barrier, particularly for elderly and low-income residents.

Community informants cited numerous, additional reasons why health care services are difficult to access, including poverty (which makes affording health care services difficult because resources are needed for other basic needs such as food and rent), prevalence of uninsured people, poor health literacy, and a lack of knowledge regarding available resources. Recent spikes in unemployment due to the COVID-19 pandemic are contributing to the number of community members who are uninsured.

Other community health needs assessments also have identified improving access to health care services as a priority, including specialty care, and improving health literacy and integrated health care delivery.

Kansas was one of the twelve remaining states that have chosen not to expand Medicaid eligibility. According to an analysis published by the Kaiser Family Foundation, 90,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.

Aging Population Needs

The population is aging, and the growth of older populations is likely to lead to greater demand for health services as older individuals typically need more services than younger persons. While the population of Anderson County is expected to decline between 2019 and 2025, the population age 65 and older is expected to increase by 4.4 percent.

Community informants identified aging population needs as significant. Elderly residents are more vulnerable to issues with transportation, unsafe housing and fall risks, technology barriers, nutrition, and medication compliance. These vulnerabilities have been exacerbated by isolation.

Elderly health issues are also unfavorable in Anderson County. Community informants identified Alzheimer's disease as a growing concern, and the rate in the county was above the state average. Preventive health care is also an issue among aging populations, and the percent of Medicare enrollees who received influenza vaccines was significantly below state and national averages.

COVID-19 Pandemic and Effects

The Centers for Disease Control and Prevention ("CDC") provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for the state, nation, and the world. In addition to contributing to severe illness and death, the pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, many at-risk people live in the community served by ACH. Populations most at risk include older adults, people with certain underlying conditions, pregnant women, and members of racial and ethnic minority groups. According to the CDC, "long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Men also are more likely to die from COVID-19 than women.

Community informants indicated that a variety of health and mental health problems have worsened due to the pandemic. Mental health status has deteriorated due to increased social isolation, particularly for elderly people. People and providers have been experiencing stress due to interruptions in employment and in daily routines. Elective procedures and routine health care services have been delayed, making it difficult for people to manage chronic conditions and to receive needed screening services. Communication between public health entities and residents was identified as an issue throughout the pandemic, leading to frustrations and noncompliance with health measures.

The pandemic also is having serious economic impacts. In 2020, the number of people unemployed in Anderson County and in the U.S. increased substantially. The rise in unemployment has reduced access to employer-based health insurance and has increased housing and food insecurity. Social services agencies are experiencing unprecedented demand.

Health Education and Preventive Health

A lack of health education and culture around healthy living is leading to poor outcomes, including a lack of preventive health, obesity, poor nutrition, physical inactivity, and others.

Preventive health is often overlooked. In community meetings, preventive health care and health education were both identified among the most significant needs. Flu vaccination rates in Anderson County are significantly below Kansas and U.S. averages.

Community informants identified a lack of health education as prevalent throughout Anderson County. Residents often are unaware of resources available, leading to underutilized services and unmet needs. Rates of adequate prenatal care are lower, potentially indicating a lack of health education for maternal and infant health.

In the recent Kansas Health Improvement Plan, health literacy and prevention were identified as significant needs, related to healthy living goals. Health education strategies were also outlined.

Mental Health and Access to Mental Health Services

Poor mental health status (including depression and anxiety) and suicide were identified by most community informants as significant concerns. Contributing factors include an under-supply of providers and facilities, stress, a lack of social connectedness, isolation due to the COVID-19 pandemic, and mental health stigma. Community meeting participants identified mental health conditions and suicide as the most significant need in Anderson County.

Anderson County ranks in the bottom half of Kansas counties for the prevalence of mentally unhealthy days (adults). The county's rate of social associations is also below peer county and Kansas averages.

Accessing mental health services is also challenging. The county has a problematic undersupply of mental health services (particularly inpatient hospitalization and geriatric providers) and substance use disorder (SUD) services. This is contributing to long wait times for those seeking services. While mental health stigma is less prevalent today than in prior years, it remains a barrier for many seeking needed services.

The rate of mental health professionals in Anderson County is significantly below peer county, Kansas, and U.S. averages. The county has also been designated as a mental health HPSA.

Obesity and Physical Inactivity

Obesity and its contributing factors – including physical inactivity, access to healthy food, and a lack of nutrition knowledge – are significant concerns.

Anderson County compares unfavorable to Kansas and the United States for the prevalence of adult obesity, for rates of physical inactivity, and for access to exercise opportunities. Mortality

rates for chronic conditions that have been associated with obesity (including heart disease and diabetes) also are above average.

Community members also identified obesity (for adults and for children) and chronic conditions as significant issues, particularly diabetes and heart disease. They cited nutrition knowledge and a lack of healthy living culture as contributing factors. Cheap, unhealthy food is widely available in Anderson County.

A recently conducted community health assessment cited the need to increase the availability and affordability of healthy food options and to eliminate food deserts as a priority. The most recently published Kansas State Health Assessment and Community Health Improvement Plan addressed healthy eating and physical activity issues as priorities.

Other assessments identified health eating, physical activity, access to healthy foods, and increasing exercise areas as priority areas. A recent rural action plan also identified chronic diseases related to obesity as significant concerns.

Poverty

People living in low-income households generally are less healthy than those living in more prosperous areas.

In 2015-2019, 15.0 percent of Anderson County residents lived in poverty – above Kansas and U.S. averages (12.0 percent and 13.4 percent respectively). Poverty rates for Black (43.2 percent) and Hispanic (or Latino) residents (68.1 percent) have been substantially higher than rates for White residents (15.0 percent).

Community informants identified poverty as a significant need in Anderson County, impacting a resident's ability to access already limited health services and resources. The low-income population of Anderson County has been designated as a Medically Underserved Population, primary care HPSA, and dental care HPSA. Interviewees stressed that poverty can be generational and difficult to escape without educational high-paying employment opportunities.

Other state and local community health assessments have confirmed that poverty is a significant cause of poor health outcomes and low access to health services.

Substance Use Disorder

Substance use disorders (SUDs) are prevalent and growing issues in Anderson County. Disorders associated with methamphetamine, opioids, alcohol, and other substances are all problematic.

Between 2013 and 2018, drug poisoning deaths in Anderson County increased 28 percent (compared to 3.5 percent statewide). The county's drug poisoning mortality rates consistently have exceeded state averages and were above or near national averages. Alcohol abuse is also an issue. The percent of driving deaths with alcohol involvement in Anderson County is higher than

peer county and Kansas averages, and the rate of motor vehicle accident deaths is more than triple the Kansas rate.

Community members confirmed that SUDs are significant needs, including youth substance abuse. These issues have been worsened by growing mental health challenges and by the COVID-19 pandemic. Access to SUD treatment services is limited due to an undersupply of providers, long wait times, high costs, and long travel times to services available outside of the county.

DATA AND ANALYSIS

Community Definition

This section identifies the community that was assessed by ACH. The community was defined by considering the geographic origins of the hospital's discharges and emergency room visits in calendar year 2020.

On that basis, ACH's community was defined as Anderson County, Kansas. The county accounted for 78 percent of the hospital's 2019 inpatient volumes and 76 percent of its emergency room visits (**Exhibit 1**).

Exhibit 1: ACH Discharges and Emergency Room Visits, 2020

County	State	Inpatient Discharges	Percent Discharges	ER Visits	Percent ER Visits
Anderson	KS	220	77.5%	2,122	75.5%
From Community		**220**	**77.5%**	**2,122**	**75.5%**
Other Areas		64	22.5%	687	24.5%
Hospital Total		**284**	100.0%	**2,809**	100.0%

Source: Analysis of Saint Luke's utilization data, 2021.

The total population of Anderson County in 2019 was approximately 7,840 persons (**Exhibit 2**).

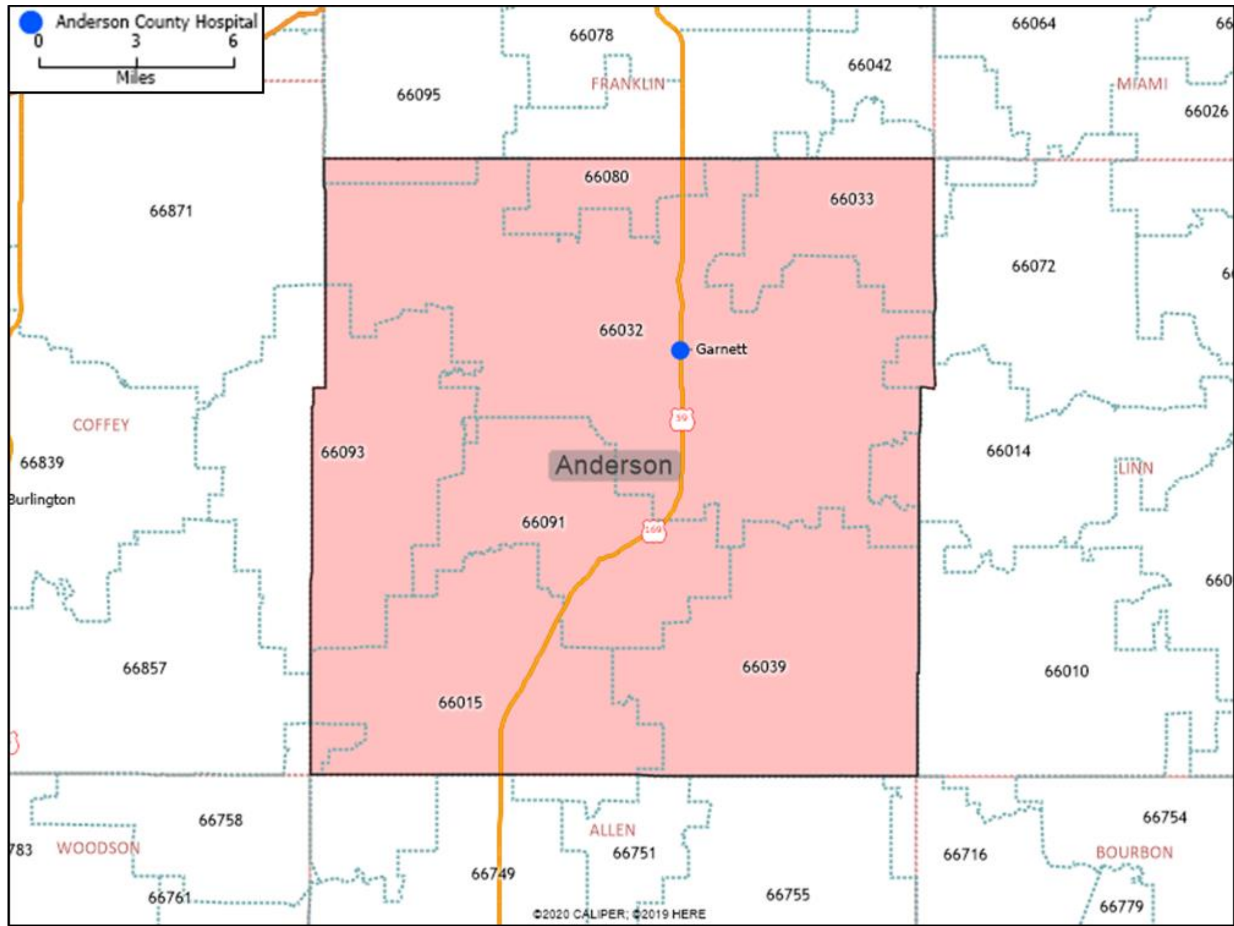
Exhibit 2: Community Population by County, 2019

County	State	Total Population 2019	Percent of Total Population 2019
Anderson	KS	7,835	100.0%
Community Total		**7,835**	**100.0%**

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

The hospital is located in Garnett, KS (ZIP Code 66032). **Exhibit 3** portrays ACH's community and ZIP code boundaries within Anderson County.

Exhibit 3: Anderson County Hospital Community



Source: Caliper Maptitude, 2020.

Secondary Data Summary

The following section summarizes principal observations from the secondary data analysis. *See* Appendix B for more detailed information.

Demographics

Demographic characteristics and trends directly influence community health needs. The total population in Anderson County is expected to decline 1.2 percent from 2019 to 2025 (approximately 100 persons). However, the population 65 years of age and older is anticipated to grow during the same period by 4.4 percent (or 74 persons). This development should contribute to greater demand for health services, since older individuals typically need and use more services than younger persons.

Anderson County has substantial variation in demographic characteristics (e.g., age, race/ethnicity, income levels) across the county. Over 24 percent of residents in ZIP code 66032 were age 65 or older in 2019. This proportion is only 12 percent in ZIP code 68015. Black residents comprise 2.6 percent of the population in ZIP code 66039, and less than one percent in

all others. Hispanic (or Latino) residents exceed three percent of the population in ZIP code 66080.

The proportion of residents who are disabled is higher in Anderson County than in Kansas and the nation. The county compares favorably for percent with a high school diploma, and percent linguistically isolated.

Socioeconomic Indicators

People living in low-income households generally are less healthy than those living in more prosperous areas. In 2015-2019, approximately 15.0 percent of Anderson County residents lived in poverty – above Kansas and U.S. averages (12.0 percent and 13.4 percent respectively).

Poverty rates for Black (43.2 percent) and Hispanic (or Latino) residents (68.1 percent) have been substantially higher than rates for White residents. For White residents, the poverty rate in the county was 15.0 percent.

Areas in Anderson County – particularly near the hospital – are categorized as "higher need" by the Dignity Health Community Need Index™ and are in the bottom half and quartile nationally for "social vulnerability" according to the Centers for Disease Control Social Vulnerability Index.

Between 2016 and early 2020, unemployment rates in Anderson County, Kansas, and the United States fell significantly. However, due to the COVID-19 pandemic, unemployment rose substantially in 2020 in all areas. The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.

Overall crime rates in Anderson County have been below Kansas averages. Murder and burglary rates are exceptions.

The percentage of people with health insurance coverage is lower in Anderson County than in Kansas and the U.S.

A June 2012 Supreme Court ruling provided states with discretion regarding whether or not to expand Medicaid eligibility. Kansas is one of 12 remaining states that have chosen not to expand Medicaid. In 2018, the average uninsured rate in states that expanded Medicaid was 7.7 percent; the average rate in states that did not expand Medicaid was 14.6 percent. According to an analysis published by the Kaiser Family Foundation, 90,000 of Kansas's uninsured adults would be eligible for Medicaid if the state expanded Medicaid coverage.

Other Local Health Status and Access Indicators

In the 2020 *County Health Rankings* and for overall health outcomes, Anderson County ranked 70th (out of 105 counties in Kansas). Anderson County ranked in the bottom 50th percentile for

26 (and in the bottom quartile for six) of the 41 indicators assessed by County Health Rankings. The county ranked particularly unfavorably for:

- length of life,
- poor physical health days,
- smoking,
- flu vaccinations,
- social associations, and
- long commute - drive alone to work.

Community Health Status Indicators ("CHSI") compares indicators for each county with those for peer counties across the United States. Each county is compared to 30 to 35 of its peers, which are selected based on socioeconomic characteristics such as population size, population density, percent elderly, per-capita income, and poverty rates.

In CHSI, Anderson County benchmarks poorly for several indicators, including:

- supply of dentists, and
- social associations.

Other secondary data from the Kansas Department of Health and Environment, the Centers for Disease Control and Prevention, America's Health Rankings, the Health Resources and Services Administration, and the United States Department of Agriculture, have been assessed. Based on an assessment of available secondary data, the indicators presented in **Exhibit 4** appear to be most significant in Anderson County.

An indicator is considered *significant* if it was found to vary materially from a benchmark statistic (e.g., an average value for Kansas, for peer counties, or for the United States). For example, 35.3 percent of Anderson County's adults are obese; the average for the United States is 29.0 percent. The last column of the exhibit identifies where more information regarding the data sources can be found in this report.

Exhibit 4: Significant Indicators

Indicator	Area	Value	Benchmark		Exhibit
			Value	Area	
65+ Population change, 2019-2025	Anderson County	4.4%	1.0%	Anderson County, Total	8
Poverty rate, 2015-2019	Anderson County	15.0%	12.0%	Kansas	13
Poverty rate, Black, 2015-2019	Anderson County	43.2%	15.0%	Anderson County, White	14
Poverty rate, Hispanic (or Latino), 2015-2019	Anderson County	68.1%	15.0%	Anderson County, White	14
Percent adults with some post-secondary education	Anderson County	61.4%	69.9%	Kansas	28
Drug poisoning mortality rate, 2018	Anderson County	20.1	14.5	Anderson County, 2013	33
Murder rate per 100,000 population	Anderson County	12.8	4.1	Kansas	18
Years of potential life lost before age 75 per	Anderson County	9,205	6,900	United States	28
Obesity (Percent adults BMI >=30)	Anderson County	35.3%	29.0%	United States	28
Physical inactivity	Anderson County	26.7%	23.0%	United States	28
Percent with access to exercise opportunities	Anderson County	54.5%	84.0%	United States	28
Percent adults uninsured	Anderson County	11.0%	8.8%	Kansas	17
Ratio of population to primary care physicians	Anderson County	2,611:1	1,330:1	United States	28
Ratio of population to dentists	Anderson County	3,939:1	1,450:1	United States	28
Ratio of population to mental health providers	Anderson County	2,626:1	400:1	United States	28
Flu vaccinations among Medicare enrollees	Anderson County	27.0%	46.0%	Kansas	28
Cancer mortality per 100,000	Anderson County	186.4	152.9	Kansas	31
Alzheimer's disease mortality per 100,000	Anderson County	32.4	22.9	Kansas	31
Smoking percentage among adults	Anderson County	17.2%	17.0%	United States	28
Percent mothers who smoked while pregnant	Anderson County	15.2%	9.4%	Kansas	35
Lung cancer mortality per 100,000	Anderson County	91.8	48.5	Kansas	32
Percent mothers receiving adequate prenatal care	Anderson County	44.1%	52.2%	Kansas	35
Infant mortality rate, Black infants	Kansas	10.7	4.1	Kansas, White Infants	36
COVID-19 mortality per 100,000 population	Anderson County	253.9	193.5	Kansas	30
Percent of adults fully vaccinated COVID-19	Anderson County	45.7%	56.4%	Kansas	30
Social associations rate per 10,000	Anderson County	11.5	19.1	Peer counties	29
Injury mortality per 100,000	Anderson County	109.6	70.0	United States	28
Motor vehicle accidents mortality per 100,000	Anderson County	53.2	14.1	Kansas	31

Source: Verité Analysis.

When Kansas health data are arrayed by race and ethnicity, significant differences are observed, in particular for:

- Infant mortality,
- Cancer,
- Children in poverty,
- Crowded housing,
- Diabetes,
- High school graduation,
- Mental and physical distress,
- Low birthweight births,
- Severe housing problems, and
- Teen births.

These differences indicate the presence of racial and ethnic health inequities and disparities.

Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSCs) include thirteen health conditions (also referred to as Prevention Quality Indicators (PQIs)) "for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[1] Among these conditions are: diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Analyses conducted for this CHNA indicate that discharges for ACSCs are comparatively low in Anderson County and from ACH.

Food Deserts

The U.S. Department of Agriculture's Economic Research Service identifies census tracts that are considered "food deserts" because they include lower-income persons without supermarkets or large grocery stores nearby. There are currently no federally-designated food deserts in Anderson County.

Medically Underserved Areas and Populations

Medically Underserved Areas and Populations (MUA/Ps) are designated by the Health Resources and Services Administration based on an "Index of Medical Underservice." The low-income population of Anderson County has been designated as medically underserved.

Health Professional Shortage Areas

A geographic area can receive a federal Health Professional Shortage Area (HPSA) designation if a shortage of primary medical care, dental care, or mental health care professionals is present. The low-income population of Anderson County has been designated as primary care and dental health care HPSAs. The entire county has been designated as a mental health care HPSA.

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic represents a public health emergency for Kansas and the United States. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues.

[1] Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.

Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. Based on that work, at-risk populations live in the community served by ACH. Populations most at risk include:

- Older adults;
- People with certain underlying medical conditions, including cancer, chronic kidney disease, COPD, obesity, serious heart conditions, diabetes, sickle cell disease, asthma, hypertension, immunocompromised state, and liver disease;
- People who are obese and who smoke;
- Pregnant women; and,
- Black, Hispanic (or Latino), and American Indian or Alaska Native persons.

According to the CDC, "long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age."

Findings of Other CHNAs

The State of Kansas and national organizations that specialize in rural health recently released community needs assessments or updates to previous health improvement plans. This CHNA has integrated the findings of that work.

The issues most frequently identified as *significant* in these other assessments are (presented in alphabetical order):

- Access to health care services, including specialty care;
- Health literacy;
- Infrastructure;
- Lack of providers;
- Maternal and infant health, including prenatal care;
- Physical activity and healthy eating;
- Poverty;
- Public health workforce;
- Tobacco usage; and
- Transportation.

Primary Data Summary

Primary data were gathered through key stakeholder interviews and online meetings. Two community meetings relevant to ACH were conducted, including one focused on Anderson County stakeholders and another meeting with ACH staff members. Interviews were conducted by phone or online video conferences, and meetings were conducted by online video conferences.

See Appendix C for information regarding those who participated in the community input process.

Key Stakeholder Interviews

Six (6) interviews were conducted to learn about community health issues in Anderson County. Participants included individuals representing public health departments, social service organizations, community health centers, and similar organizations.

Questions focused first on identifying and discussing health issues in the community before the COVID-19 pandemic began. Interviews then focused on the pandemic's impacts and on what has been learned about the community's health given those impacts. Stakeholders also were asked to describe the types of initiatives, programs, and investments that should be implemented to address the community's health issues and to be better prepared for future risks.

Stakeholders most frequently identified the following issues as significant before the COVID-19 pandemic began.

- The **needs of elderly populations** are significant as the population ages. Elderly populations are particularly vulnerable due to transportation issues, difficulties aging in place due to unsafe housing conditions and fall risks, technology barriers, nutrition, and medication compliance.

- Issues with **substance use disorder** persist, with the use of methamphetamines, opioids, and alcohol all cited as significant concerns. Treatment for substance use disorder is also limited and often has long wait or travel times.

- Despite resources being accessible for many residents, a **lack of health education and knowledge of resources** leads to poorer health. Many residents do not know where to go to get their needs met, leading to unmet need. Additionally, a lack of knowledge surrounding health (including understanding healthy eating and lifestyles) is prevalent. A culture around **preventive health** does not exist, leading to unhealthy choices being the norm and reactive health care rather than proactive.

- **Mental Health** is a significant issue, with problems with depression, anxiety, and isolation all increasing. **Access to mental health services** is also limited due to a lack of providers (particularly for inpatient hospitalization and geriatric providers) leading to long wait times. Self-medicating mental health issues with substances is common.

- **Access to healthy foods** is an issue for many residents due to the high cost of healthy food and widespread availability of cheaper, unhealthy options. Knowledge of **nutrition** is limited for many residents, and more education is needed around health eating.

- **Obesity** is a significant concern and leading to many **chronic conditions**, including **diabetes** and **heart disease**. Obesity is often generational, with child obesity on the rise. Personal choices may contribute to obesity. Other residents experience difficulty accessing healthy choice resources, such as affordable healthy foods.

- There is a **lack of health care providers** throughout the region, limiting access for many residents. This issue is particularly pronounced for **specialty providers**, including cancer treatment. Due to the low supply of physicians, residents must travel far for care. Additionally, options in the community are often expensive and **unaffordable** to many residents.

- **Poverty** is a significant concern, often systemic and generational throughout the area. Low-income residents and **"working poor" have limited access** to many resources, including health care.

- **Transportation** is a significant concern, limiting the ability to access basic needs and medical services (particularly specialty providers in larger metro areas) due to limited public options. Elderly and low-income populations are most affected by transportation issues.

Interviewees were also asked to discuss the impacts of the COVID-19 pandemic, both on the community and also on their own organizations. From this discussion, the following impacts were discussed most often:

- Providers and decision makers found it difficult navigating changing health guidelines and had **difficulty with regulation compliance**, made worse by the politicization of public health

- **Isolation** was widespread and impacting the **mental health** of many residents, particularly among elderly, children, and more rural populations.

- Many providers – both in health care and social services – are feeling **burnout** due to increasing demand of services and stress brought on due to the pandemic.

- Many residents **delayed medical care** and preventive health services due to not wanting to be exposed to the virus in a medical setting. This delay led to a worsening in severity of chronic conditions and unnoticed health issues.

- The pandemic highlighted the need for better **communication between public health entities and residents**, as many expressed anger at changing regulations and guidance.

Community and Internal Hospital Meetings

From June 17 through July 1, 2021, eight online meetings were conducted across the Saint Luke's Critical Access region to obtain community input. Four meetings were comprised of external community stakeholders in community counties[2], and four meetings were comprised of staff from ACH and from other Saint Luke's Health System critical access hospital facilities.

Twenty-four (24) stakeholders participated in the two community meetings relevant to ACH. These individuals represented organizations such as local health departments, non-profit organizations, local businesses, health care providers, and local policymakers.

Each meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Then, secondary data were presented, along with a summary of the most unfavorable community health indicators.

Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant.

After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through an online survey process to identify "three to five" they consider to be most significant. From this process, participants identified the following needs as most significant for Anderson County:

- Mental health conditions and suicide
- Obesity
- Elderly needs, including aging in place, housing, and Alzheimer's disease
- Substance use disorder, including youth substance abuse
- Preventive health care and health education
- Supply of and access to mental health professionals
- Transportation as a barrier to resources

[2] These counties include Allen County, KS; Anderson County, KS; Grundy County, MO; Linn County, MO; Livingston County, MO; and Mercer County, MO.

OTHER FACILITIES AND RESOURCES IN THE COMMUNITY

This section identifies other facilities, clinics, and resources available in Anderson County that are available to address community health needs.

Hospitals

Exhibit 5 presents information on hospital facilities located in Anderson County.

Exhibit 5: Hospitals Located in Community, 2021

Organization	Address	City	County	ZIP
Anderson County Hospital	421 S. Maple St	Garnett	Anderson	66032

Source: Kansas Hospital Association, 2021.

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are established to promote access to ambulatory care in areas designated as "medically underserved." These clinics provide primary care, mental health, and dental services for lower-income members of the community. FQHCs receive enhanced reimbursement for Medicaid and Medicare services and most also receive federal grant funds under Section 330 of the Public Health Service Act. There currently are no FQHC sites operating in the community (**Exhibit 6**).

Exhibit 6: Federally Qualified Health Centers Located in Community, 2021

According to 2018 data published by HRSA, FQHCs in Anderson County served 18 percent of uninsured persons and 20 percent of Medicaid recipients. Since there are no FQHC sites in Anderson County, these residents travel to other counties to receive health services. Nationally, FQHCs served 22 percent of uninsured patients and 19 percent of the nation's Medicaid recipients.[3]

Other Community Resources

Many social services and resources are available throughout Kansas to assist residents. The United Way of the Plains, Wichita, Kansas, maintains the 2-1-1 database of available resources throughout the state. The United Way 2-1-1 is available 24-hours a day, seven days a week, and has resources in the following categories:

- Housing and shelter
- Financial assistance
- Food
- Transportation

[3] See: http://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/chartbook-2020-final/ and https://www.udsmapper.org/.

- Family support
- Health and dental care
- Mental health and addiction
- Clothing, hygiene, and household goods
- Seniors and disability
- Employment and education
- Legal and money management
- Taxes

Additional information about these resources and participating providers can be found at: https://211kansas.myresourcedirectory.com/index.php.

In addition to United Way 2-1-1, Saint Luke's Health System maintains a Community Resource Hub to connect community members to reduced-cost and free services in their neighborhoods. The Saint Luke's Community Resource Hub contains resources for a variety of categories, including:

- Food
- Housing
- Goods
- Transit
- Health
- Money
- Care
- Education
- Work
- Legal

Additional information about these resources and participating providers can be found at: https://saintlukesresources.org/.

APPENDIX A – OBJECTIVES AND METHODOLOGY

Regulatory Requirements

Federal law requires that tax-exempt hospital facilities conduct a CHNA every three years and adopt an Implementation Strategy that addresses significant community health needs.[4] In conducting a CHNA, each tax-exempt hospital facility must:

- Define the community it serves;
- Assess the health needs of that community;
- Solicit and take into account input from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health;
- Document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the facility; and,
- Make the CHNA report widely available to the public.

The CHNA report must include certain information including, but not limited to:

- A description of the community and how it was defined,
- A description of the methodology used to determine the health needs of the community, and
- A prioritized list of the community's health needs.

Methodology

CHNAs seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

The focus on ***who*** is most vulnerable and ***where*** they live is important to identifying groups experiencing health inequities and disparities. Understanding ***why*** these issues are present is challenging but is important to designing effective community health improvement initiatives. The question of ***how*** each hospital can address significant community health needs is the subject of the separate Implementation Strategy.

Federal regulations allow hospital facilities to define the community they serve based on "all of the relevant facts and circumstances," including the "geographic location" served by the hospital facility, "target populations served" (e.g., children, women, or the aged), and/or the hospital

[4] Internal Revenue Code, Section 501(r).

facility's principal functions (e.g., focus on a particular specialty area or targeted disease)."[5] Accordingly, the community definition considered the geographic origins of the hospital's patients and also the hospital's mission, target populations, principal functions, and strategies.

Data from multiple sources were gathered and assessed, including secondary data[6] published by others and primary data obtained through community input. Input from the community was received through key stakeholder interviews and online community meetings (including a meeting conducted with internal hospital staff). Stakeholders and community meeting participants represented the broad interests of the community and included individuals with special knowledge of or expertise in public health. *See* Appendix C. Considering a wide array of information is important when assessing community health needs to ensure the assessment captures a wide range of facts and perspectives and to increase confidence that significant community health needs have been identified accurately and objectively.

Certain community health needs were determined to be "significant" if they were identified as problematic in at least two of the following three data sources: (1) the most recently available secondary data regarding the community's health, (2) recent assessments developed by the state and local organizations, and (3) input from community stakeholders who participated in the community meeting and/or interview process.

In addition, data were gathered to evaluate the impact of various services and programs identified in Saint Luke's previous CHNA process. *See* Appendix E.

Collaborating Organizations

For this community health assessment, Anderson County Hospital collaborated with the following Saint Luke's Critical Access hospitals: Allen County Regional Hospital (Iola, KS), Hedrick Medical Center (Chillicothe, MO), and Wright Memorial Hospital (Trenton, MO). These facilities collaborated through gathering and assessing secondary data together, conducting community meetings and key stakeholder interviews, and relying on shared methodologies, report formats, and staff to manage the CHNA process.

Data Sources

Community health needs were identified by collecting and analyzing data from multiple sources. Statistics for numerous community health status, health care access, and related indicators were analyzed, including data provided by local, state, and federal government agencies, local community service organizations, and Saint Luke's Health System. Comparisons to benchmarks were made where possible. Findings from recent assessments of the community's health needs conducted by other organizations (e.g., local health departments) were reviewed as well.

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[5] 501(r) Final Rule, 2014.
[6] "Secondary data" refers to data published by others, for example the U.S. Census and the Missouri Department of Health and Social Services. "Primary data" refers to data observed or collected from first-hand experience, for example by conducting interviews.

Input from persons representing the broad interests of the community was taken into account through key informant interviews (6 participants) and community meetings (24 participants). Stakeholders included: individuals with special knowledge of or expertise in public health; local public health departments; hospital staff and providers; representatives of social service organizations; and leaders, representatives, and members of medically underserved, low-income, and minority populations.

Saint Luke's Health System posts CHNA reports and Implementation Plans online at https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans.

Consultant Qualifications

Verité Healthcare Consulting, LLC (Verité) was founded in May 2006 and is located in Arlington, Virginia. The firm serves clients throughout the United States as a resource that helps hospitals conduct Community Health Needs Assessments and develop Implementation Strategies to address significant health needs. Verité has conducted more than 100 needs assessments for hospitals, health systems, and community partnerships nationally since 2012.

The firm also helps hospitals, hospital associations, and policy makers with community benefit reporting, program infrastructure, compliance, and community benefit-related policy and guidelines development. Verité is a recognized national thought leader in hospital community benefits, 501(r) compliance, and Community Health Needs Assessments.

APPENDIX B – SECONDARY DATA ASSESSMENT

This section presents an assessment of secondary data regarding health needs in the Anderson County Hospital community. The ACH community is defined as Anderson County, KS.

Demographics

Exhibit 7: Change in Community Population by County, 2019 to 2025

County	State	Total Population 2019	Projected Population 2025	Percent Change 2019-2024
Anderson	KS	7,835	7,739	-1.2%
Community Total		**7,835**	**7,739**	**-1.2%**

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

Description

Exhibit 7 portrays the estimated population by county in 2019 and projected to 2025.

Observations

- Between 2019 and 2025, Anderson County's population is projected to decline slightly by 96 persons (1.2 percent).

Exhibit 8: Change in Community Population by Age Cohort, 2019 to 2025

Age Cohort	Total Population 2019	Projected Population 2025	Percent Change 2019 - 2025
Age 0-19	2,162	2,170	0.4%
Age 20-44	2,046	2,008	-1.9%
Age 45-64	1,970	2,003	1.7%
Age 65+	1,657	1,731	4.4%
Community Total	**7,835**	**7,911**	**1.0%**

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.
Note: US Census projections by age cohort use a different methodology than the projections for the total population (Exhibit 7).

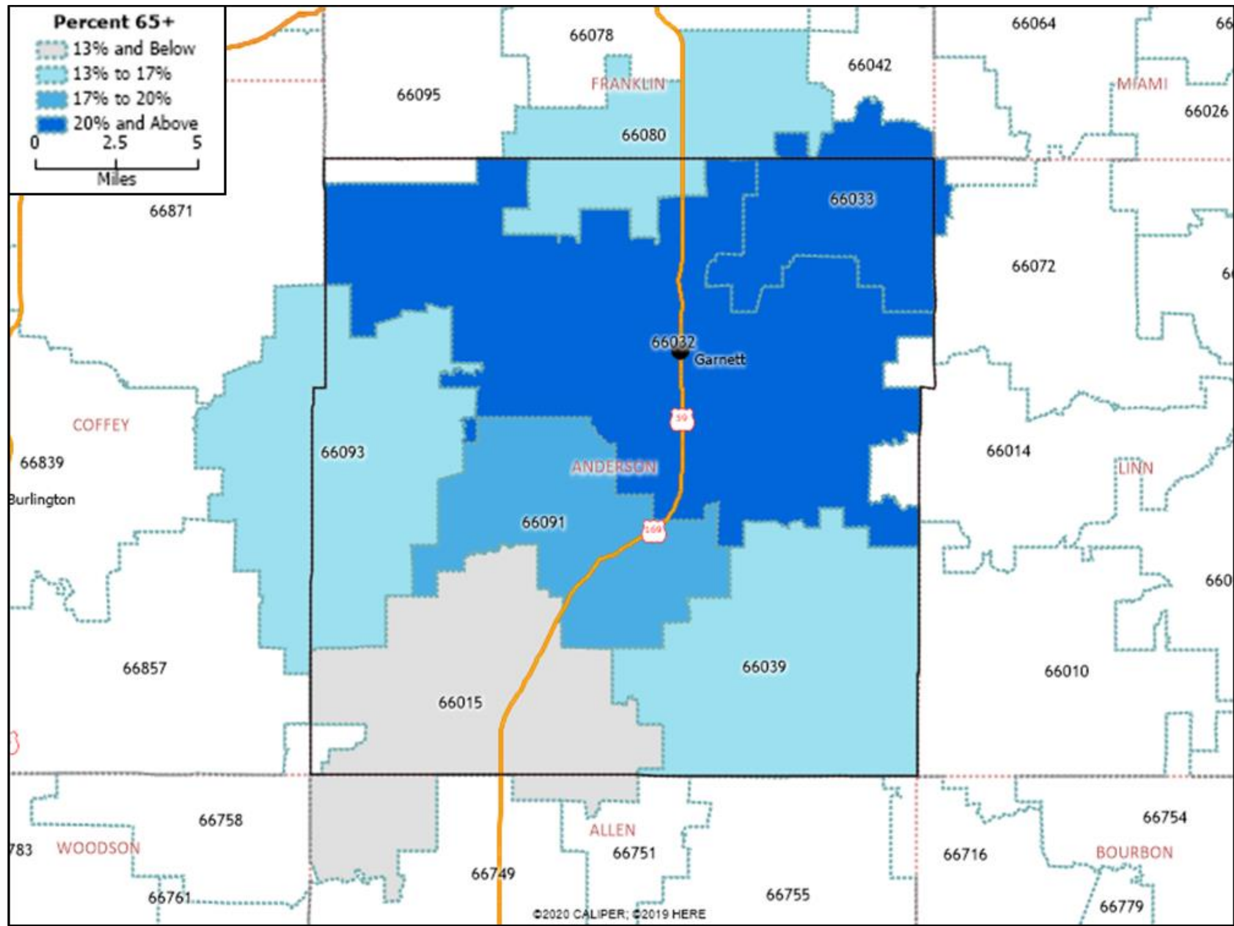
Description

Exhibit 8 shows Anderson County's population for certain age cohorts in 2019, with projections to 2025.

Observations

- While the total population is expected to change minimally, the population aged 65 and older is expected to increase by 4.4 percent during the period, the most of any age cohort.
- The growth of older populations is likely to lead to greater demand for health services, since older individuals typically need and use more services than younger persons.

Exhibit 9: Percent of Population – Aged 65+, 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

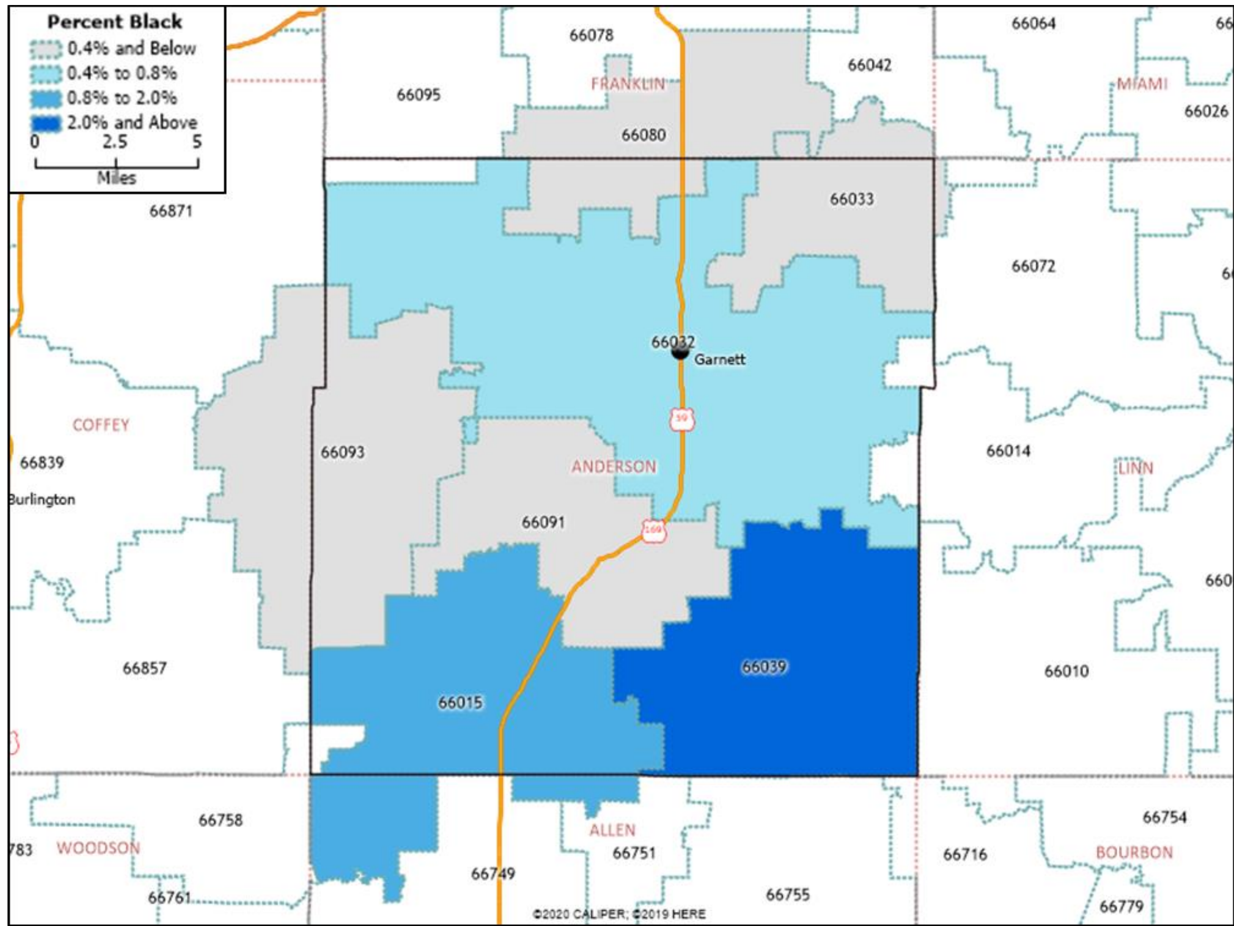
Description

Exhibit 9 portrays the percent of the population 65 years of age and older by ZIP code.

Observations

- ZIP codes 66032 (24.6 percent) and 66033 (22.9 percent) had the highest proportions.
- At 12.2 percent, ZIP code 66015 has the lowest proportion.

Exhibit 10: Percent of Population – Black, 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

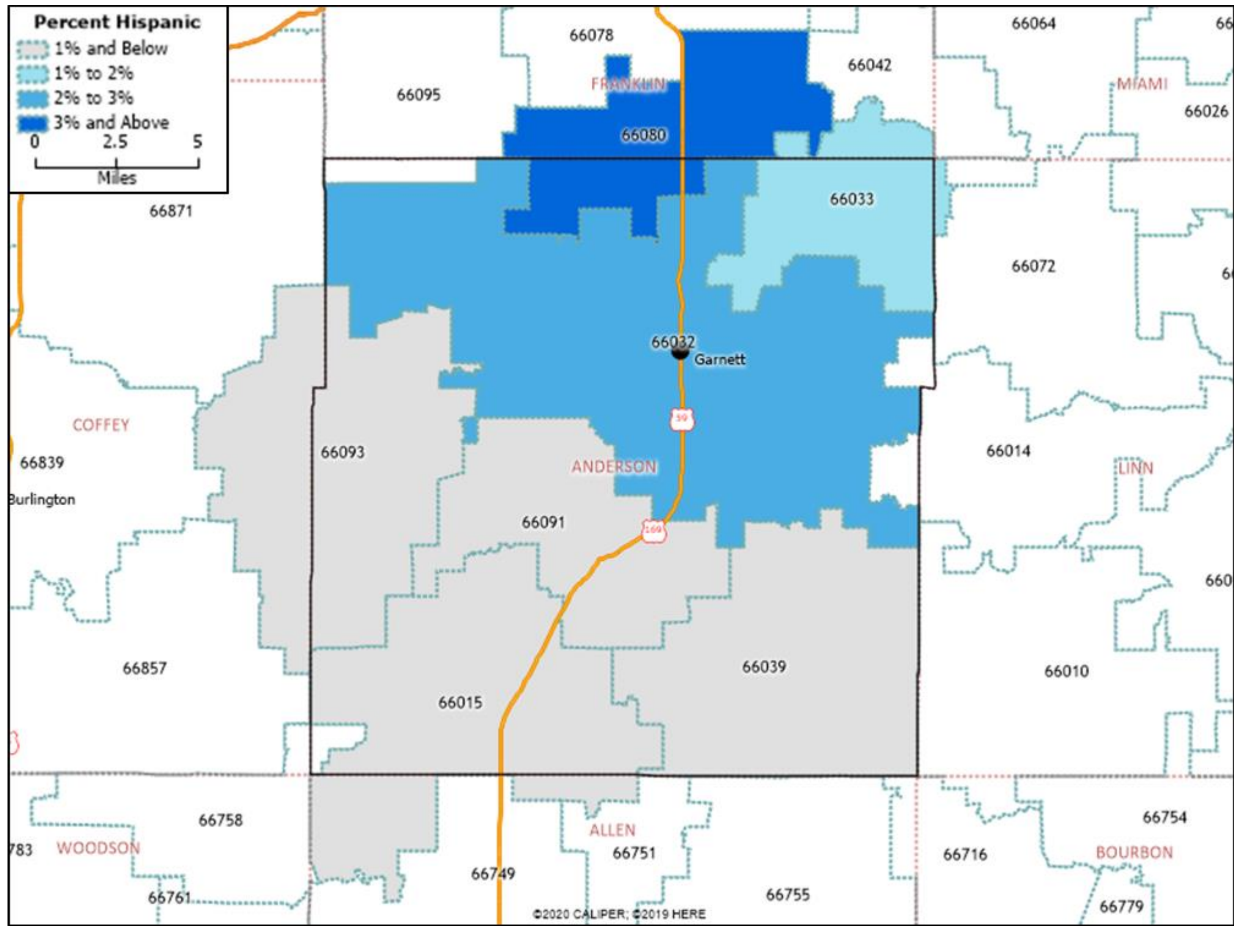
Description

Exhibit 10 portrays the percent of the population – Black by ZIP code.

Observations

- ZIP code 66039 has the highest proportion of Black residents at 2.6 percent.
- No other ZIP code has a proportion above 1.0 percent.

Exhibit 11: Percent of Population – Hispanic (or Latino), 2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

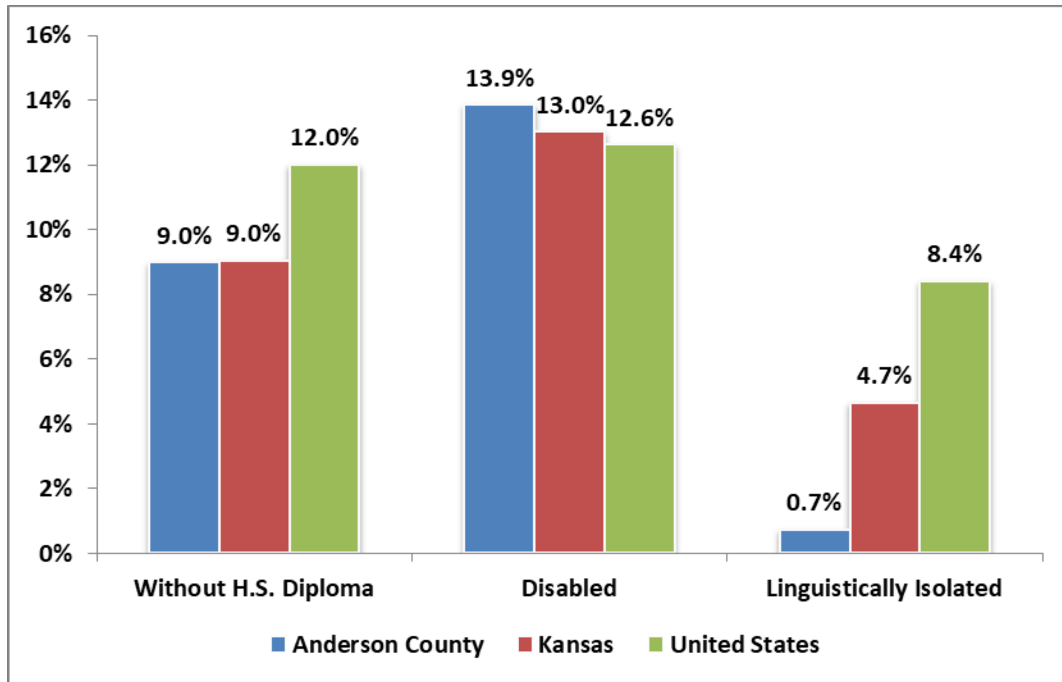
Description

Exhibit 11 portrays the percent of the population – Hispanic (or Latino) by ZIP code.

Observations

- ZIP codes 66080 (3.4 percent) and 66032 (2.6 percent) had the highest proportion of Hispanic (or Latino) residents.

Exhibit 12: Selected Socioeconomic Indicators, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

Description

Exhibit 12 portrays the percent of the population (aged 25 years and above) without a high school diploma, with a disability, and linguistically isolated in the county, Kansas, and the United States. Linguistic isolation is defined as residents who speak a language other than English and speak English less than "very well."

Observations

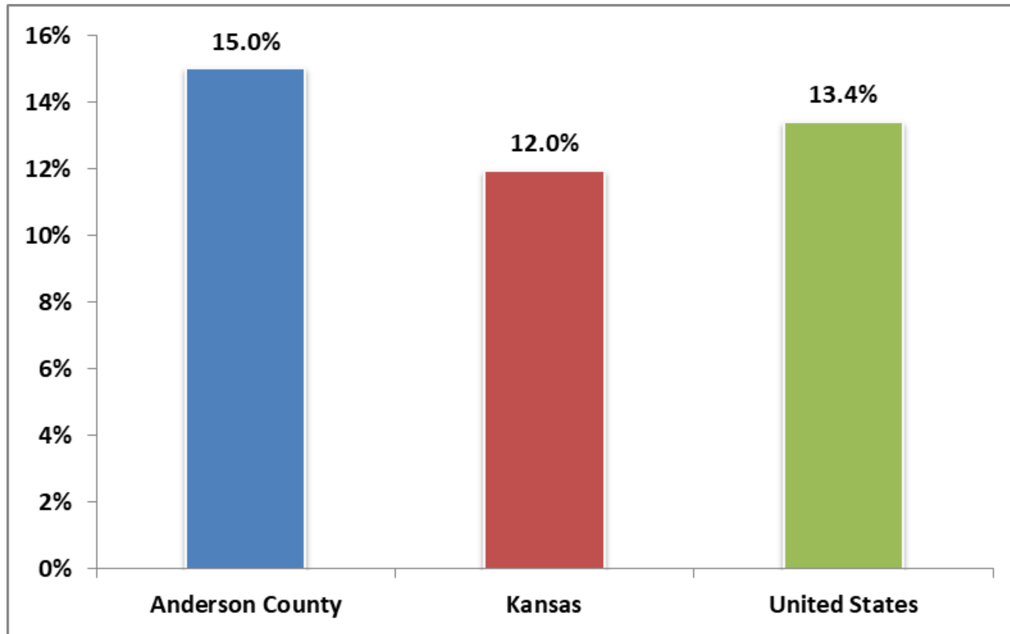
- In 2015-2019, a higher percentage of Anderson County residents had a high school diploma than residents of the United States.
- Proportionately more people were disabled in Anderson County than in Kansas and the United States.
- Compared to the United States, proportionately fewer people in Anderson County and Kansas are linguistically isolated.

Socioeconomic indicators

This section includes indicators for poverty, unemployment, health insurance status, crime, housing affordability, and "social vulnerability." All have been associated with health status.

People in Poverty

Exhibit 13: Percent of People in Poverty, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

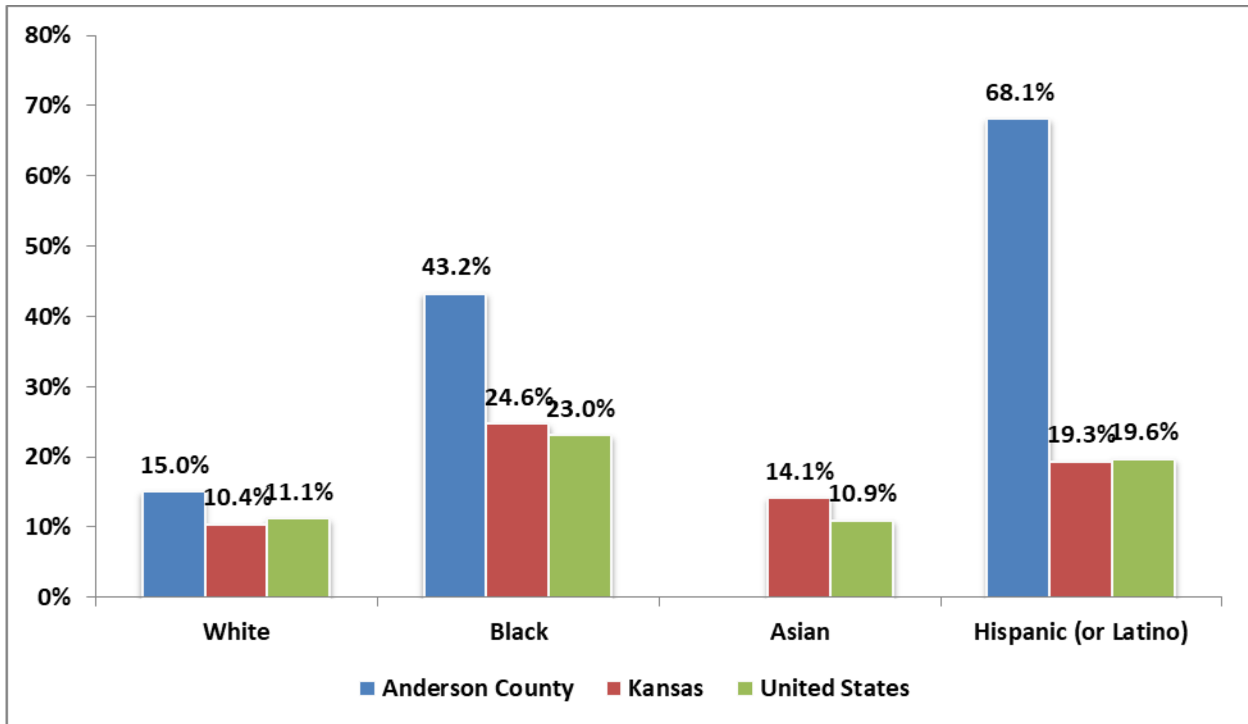
Description

Exhibit 13 portrays poverty rates in Anderson County, Kansas, and the United States.

Observations

- In 2015-2019, the overall poverty rate in Anderson County was above Kansas and national averages.

Exhibit 14: Poverty Rates by Race and Ethnicity, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

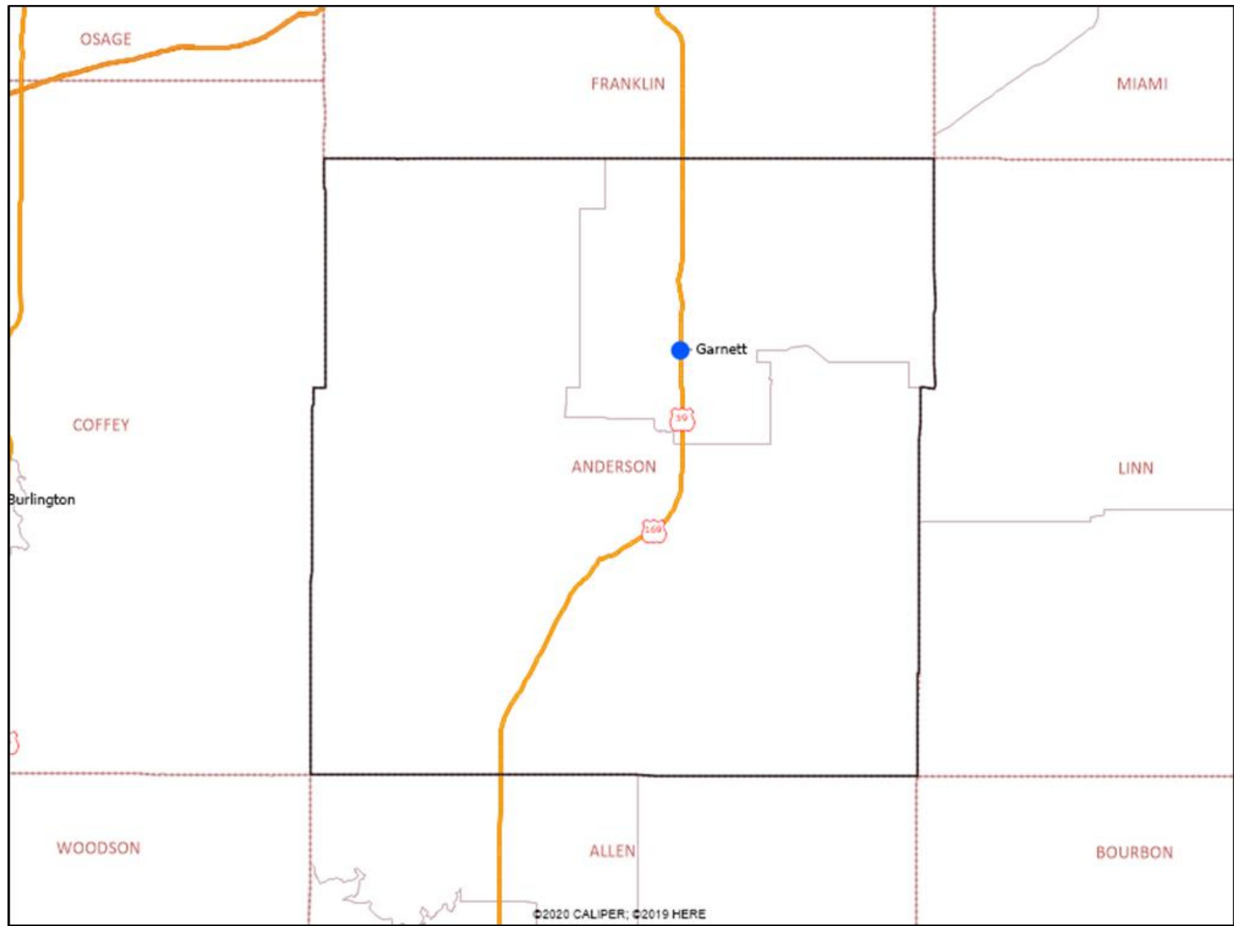
Description

Exhibit 14 portrays poverty rates by race and ethnicity.

Observations

- Poverty rates were higher for Black and Hispanic (or Latino) populations than for White populations in Anderson County, Kansas, and the United States.
- Poverty rates for White, Black, and Hispanic (or Latino) populations are higher in Anderson County than the Kansas and U.S. averages for each cohort.

Exhibit 15: Low Income Census Tracts, 2019



Source: US Department of Agriculture Economic Research Service, ESRI, 2021.

Description

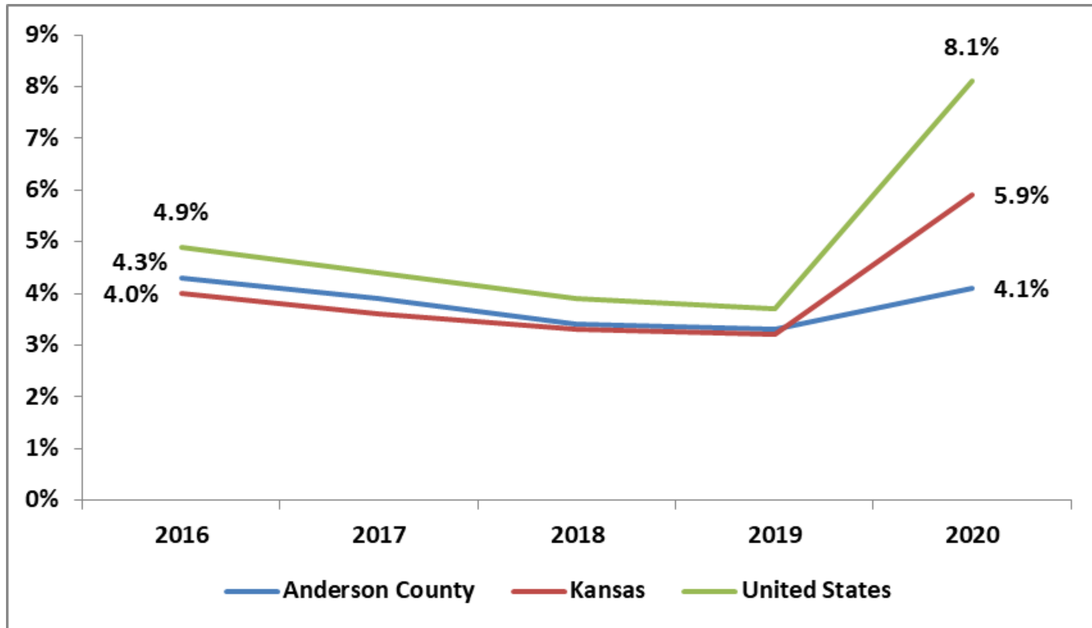
Exhibit 15 portrays the location of federally designated low-income census tracts.

Observations

- In 2019, no census tracts were designated as low income in Anderson County.

Unemployment

Exhibit 16: Annual Unemployment Rates, 2016 to 2020



Source: Bureau of Labor Statistics, 2021.

Description

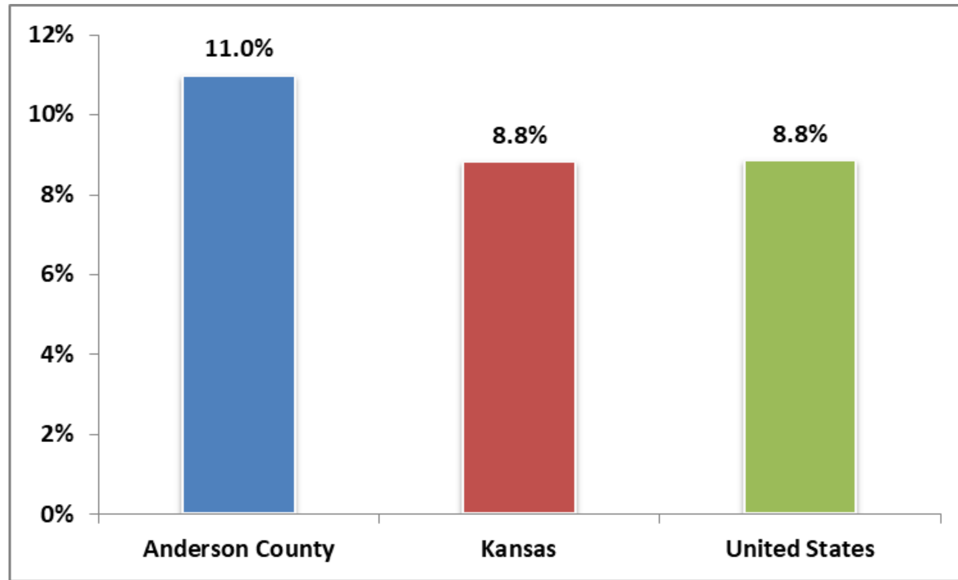
Exhibit 16 shows annual unemployment rates compared to Kansas and the United States for 2016 through 2020.

Observations

- Unemployment rates declined steadily from 2015 through 2019. Due to fallout from the COVID-19 pandemic, unemployment rates rose substantially in 2020.
- The rise in unemployment is likely to affect numerous health-related factors, such as access to employer-based health insurance, housing and food insecurity, and access to health services.
- In 2020, the unemployment rate in Anderson County was below Kansas and U.S. averages.

Health Insurance Status

Exhibit 17: Percent of Population without Health Insurance, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

Description

Exhibit 17 presents the estimated percent of population without health insurance.

Observations

- Anderson County has had a higher percentage of the population without health insurance than Kansas and the United States.

- Kansas now is one of the 12 remaining states that have chosen not to expand Medicaid. 90,000 uninsured adults would be eligible for Medicaid if Kansas implemented Medicaid expansion.[7]

- According to a second analysis prepared by the Kaiser Family Foundation, the average uninsured rate in 2018 in states that expanded Medicaid was 7.7 percent. The average rate in states that did not expand Medicaid was 14.6 percent.[8]

- Recent spikes in unemployment likely are leading to more uninsured community members.

[7] https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/

[8] https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

Crime Rates

Exhibit 18: Crime Rates by Type, Per 100,000, 2019

Offense Type	Anderson County	Kansas
Total Offenses	1,544.2	2,927.2
Violent Crime Offenses	204.2	427.1
Murder	12.8	4.4
Rape	-	43.6
Robbery	-	47.8
Agg. Assault and Battery	191.4	331.2
Property Crime Offenses	1,340.0	2,500.1
Burglary	459.4	379.4
Theft	740.2	1,850.0
Motor Vehicle Theft	140.4	270.7
Arson	-	15.6

Source: Kansas Bureau of Investigation, 2020.

Description

Exhibit 18 provides crime statistics and rates per 100,000 population available from the Kansas Bureau of Investigation. Light grey shading indicates rates above the Kansas average; dark grey shading indicates rates more than 50 percent above the average.

Observations

- 2019 crime rates Anderson County were significantly above the Kansas average for murder, and above the Kansas average for burglary.

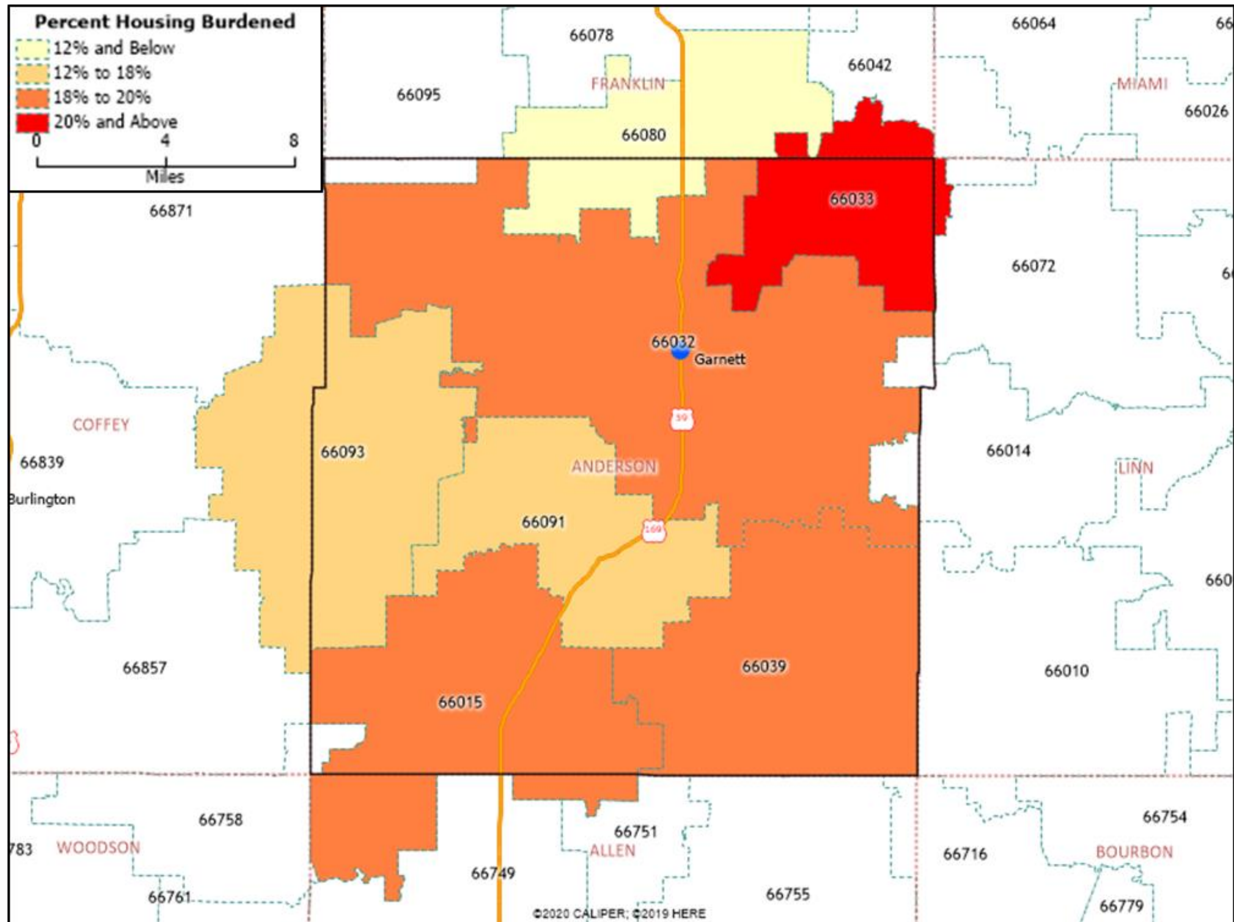
Housing Affordability

Exhibit 19: Percent of Households – Housing Burdened, 2015-2019

Area	Occupied Housing Units	Excessive Housing Costs (30%+ of Income)	Percent Housing Burdened
Anderson County	**3,101**	**563**	**18.2%**
Kansas	1,129,227	279,512	24.8%
United States	120,756,048	37,249,895	30.8%

Source: US Census, ACS 5-Year Estimates (2015-2019), 2020.

Exhibit 20: Map of Percent of Housing Burdened Households, 2015-2019



Source: US Census, ACS 5-Year Estimates (2015-2019), 2020, and Caliper Maptitude.

Description

The U.S. Department of Health and Human Services ("HHS") identifies "housing burdened" as those spending more than 30 percent of income on housing and as a contributor to poor health outcomes.[9] Exhibits 19 and 20 portray the percent of household spending on housing in the community.

Observations

As stated by the Federal Reserve, "households that have little income left after paying rent may not be able to afford other necessities, such as food, clothes, health care, and transportation."[10]

- In Anderson County, 18 percent of households have been designated as "housing burdened," a level below the Kansas and national averages.
- The percentage of occupied households cost burdened was highest in ZIP code 66033 at 23.5 percent. No other ZIP code was above 20 percent.
- Housing insecurity is known to have become more problematic due to the COVID-19 pandemic.

[9] https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04
[10] *Ibid.*

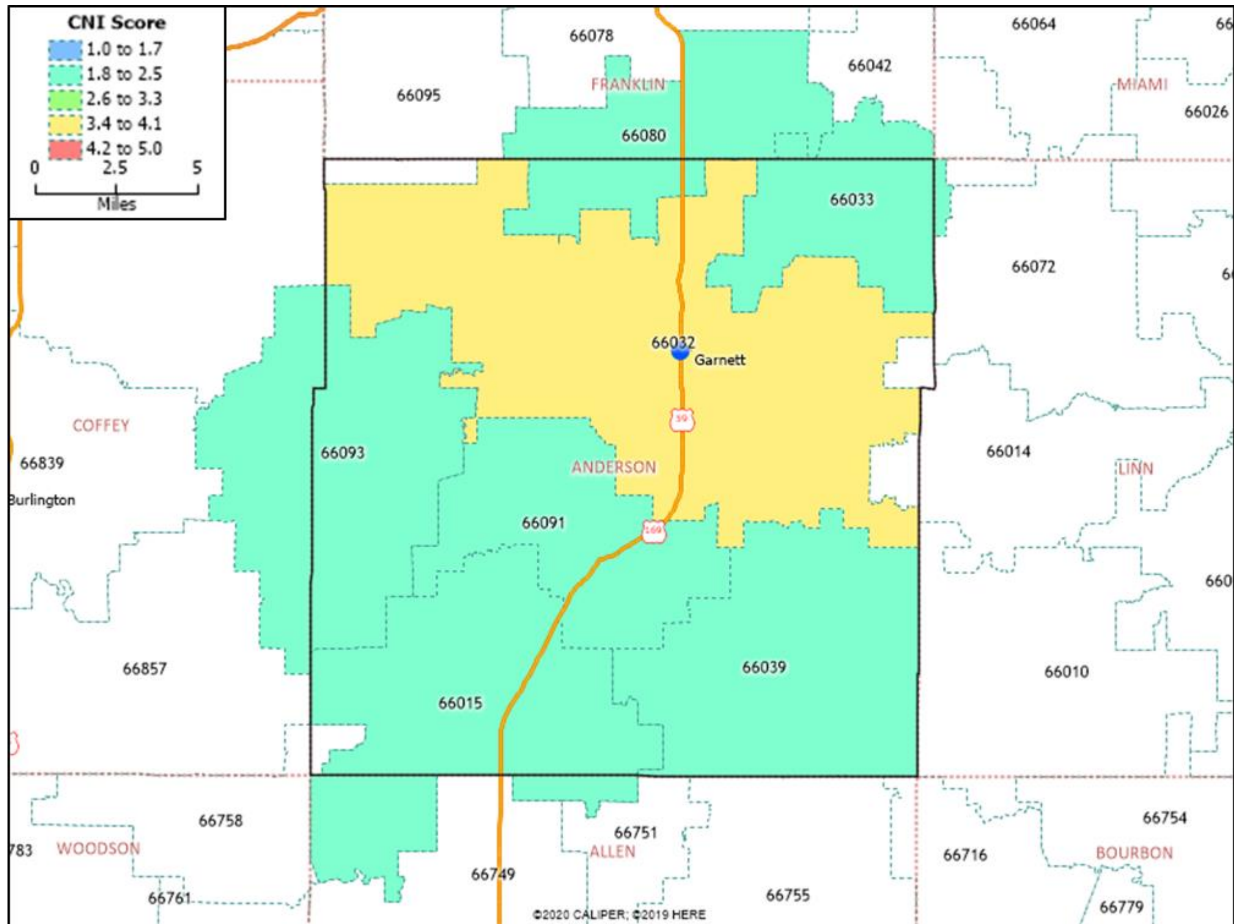
Dignity Health Community Need Index™

Exhibit 21: Weighted Average Community Need Index™ Score by County, 2021

Area	CNI Score
Anderson County	3.1
United States	**3.0**

Source: CommonSpirit Health, 2021.
Note: CNI scores weighted by the number of people living within each region.

Exhibit 22: Community Need Index, 2021



Source: CommonSpirit Health, 2021, and Caliper Maptitude.

Description

Exhibits 21 and 22 present *Community Need Index™* (CNI) scores. Higher scores (e.g., 4.2 to 5.0) indicate the highest levels of community need. The index is calibrated such that 3.0 represents a U.S.-wide median score.

CommonSpirit Health (formerly Dignity Health) developed the CNI as a way to assess barriers to health care access. The index, available for every ZIP code in the United States, consists of five social and economic indicators:

- The percentage of elders, children, and single parents living in poverty;
- The percentage of adults over the age of 25 with limited English proficiency, and the percentage of the population that is non-White;
- The percentage of the population without a high school diploma;
- The percentage of uninsured and unemployed residents; and
- The percentage of the population renting houses.

CNI scores are grouped into “Lowest Need” (1.0-1.7) to “Highest Need” (4.2-5.0) categories.

Observations

- At 3.1, the weighted average CNI score for Anderson County is slightly higher than the U.S. median of 3.0.

- The hospital’s ZIP code of 66032 received the highest score in the community at 3.6. No other ZIP code had a score above 2.4.

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

Exhibit 23: Socioeconomic Index – Top Half/Quartile Census Tracts

Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

Description

Exhibits 23 through 26 are maps that show the Center for Disease Control and Prevention's *Social Vulnerability Index* (SVI) scores for census tracts throughout the community. Highlighted census tracts are in the top half or quartile nationally for indicators on which the SVI is based.

The SVI is based on 15 variables derived from U.S. census data. Variables are grouped into four themes, including:

- Socioeconomic status;
- Household composition;
- Race, Ethnicity, and Language; and
- Housing and transportation.

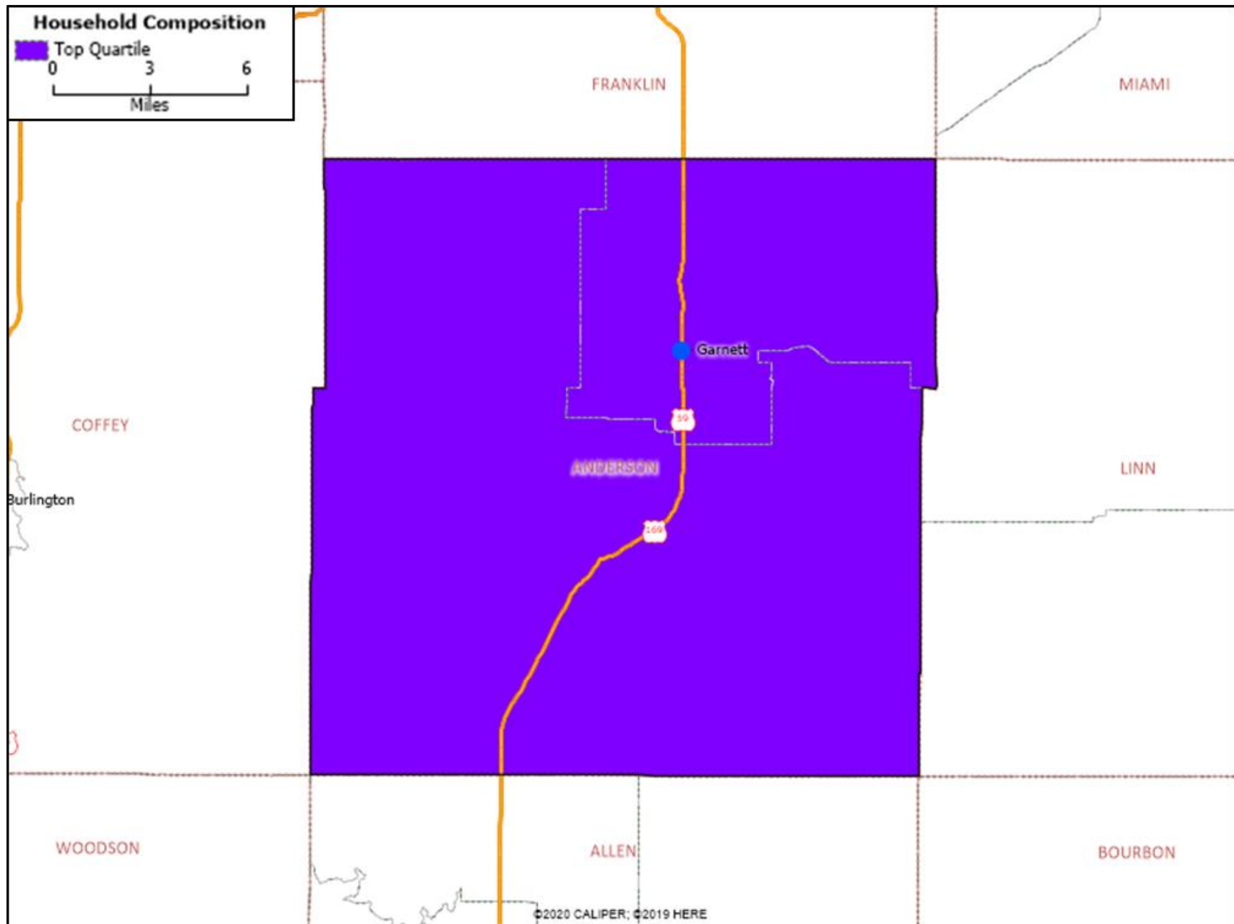
Exhibits 23 through 26 highlight SVI scores for each of these themes.

Exhibit 23 identifies census tracts in the top quartile nationally for socioeconomic vulnerability.

Observations

- No census tracts within Anderson County are in the top half for socioeconomic vulnerability.

Exhibit 24: Household Composition and Disability Index – Top Half/Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

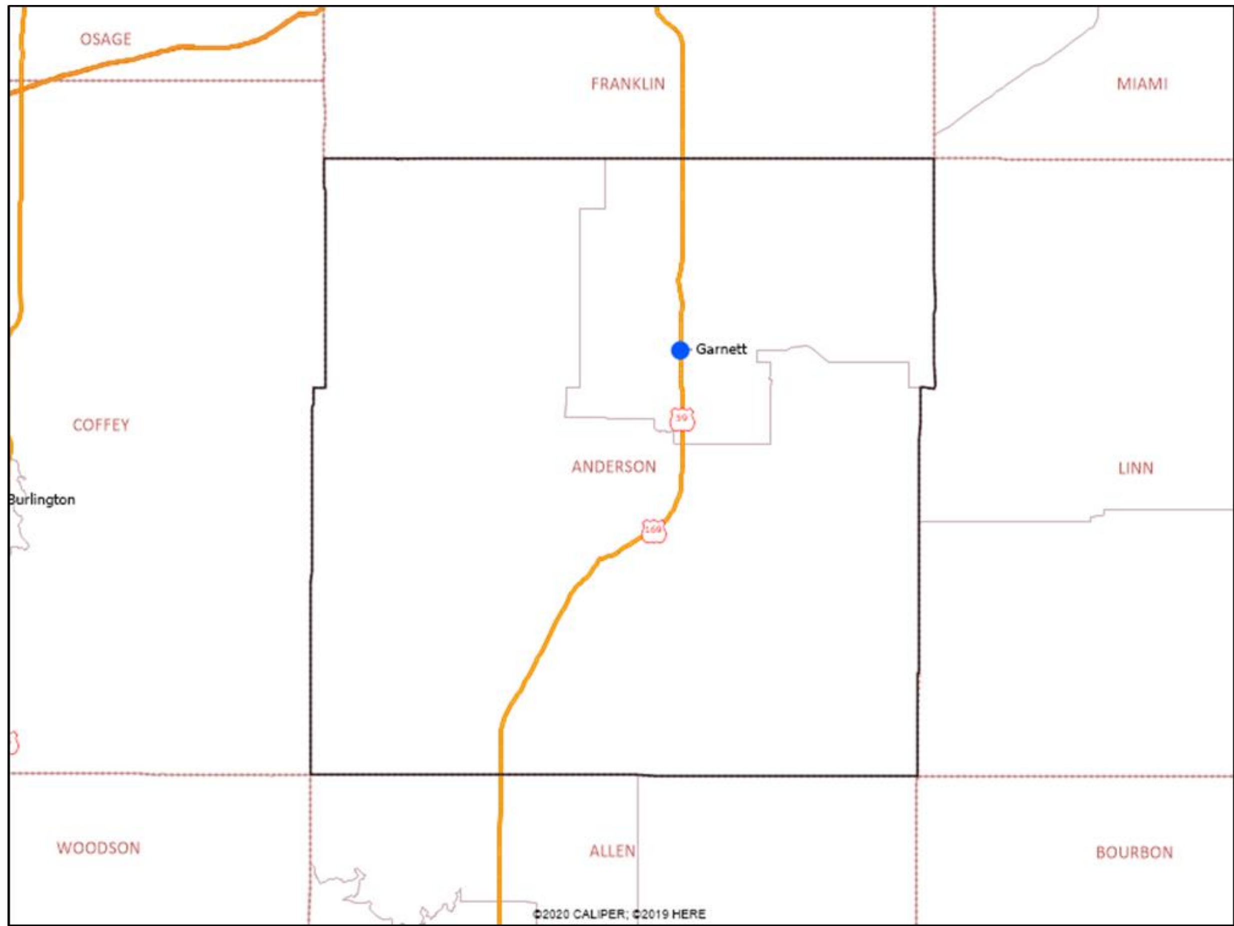
Description

Exhibit 24 identifies census tracts in the top half or quartile nationally for household composition and disability vulnerability.

Observations

- All census tracts in Anderson County are in the top quartile for household composition and disability vulnerability.

Exhibit 25: Minority Status and Language Index – Top Half/Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

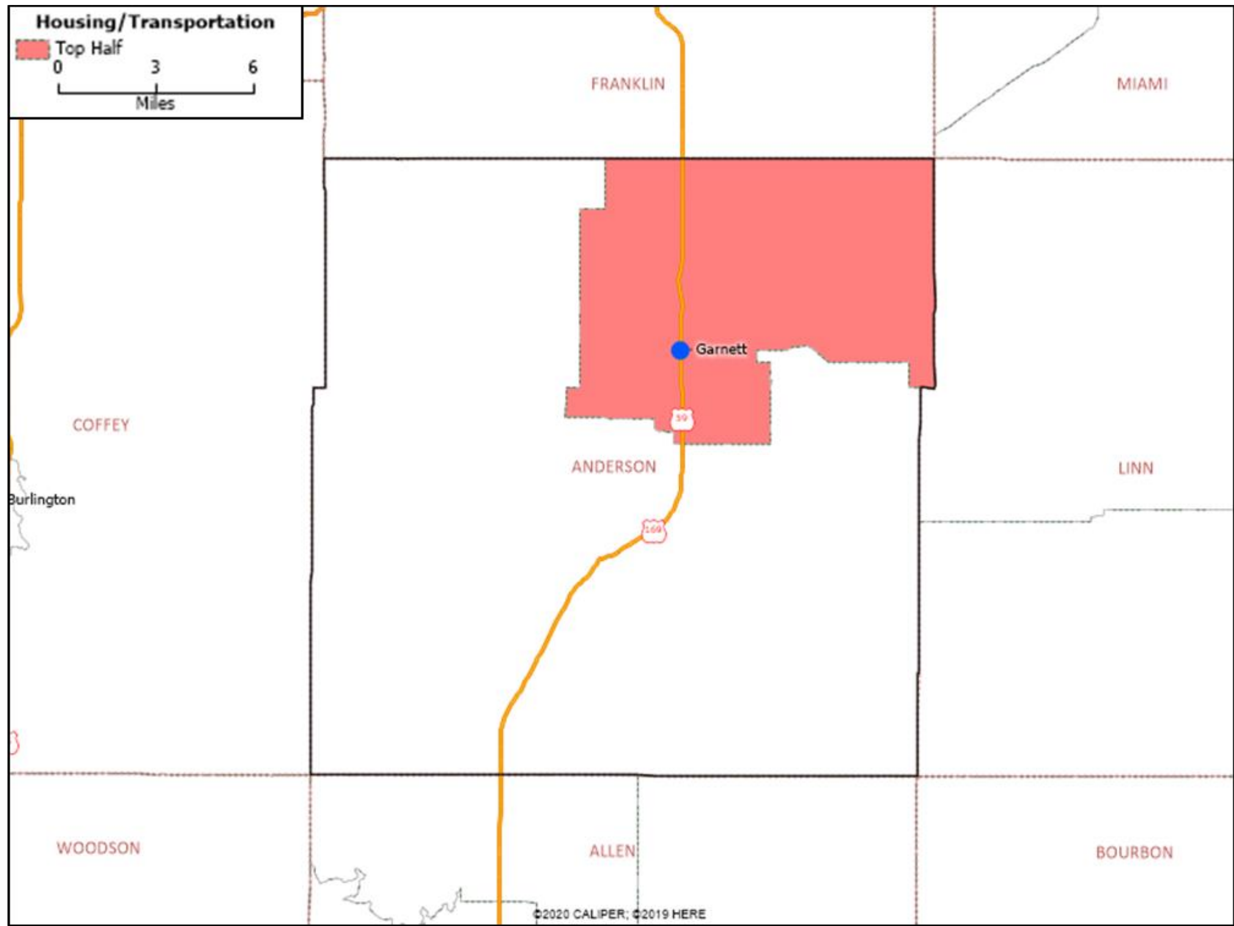
Description

Exhibit 25 identifies census tracts in the top half or quartile nationally for minority status and language vulnerability.

Observations

- No census tracts in Anderson County are in the top half for minority status and language vulnerability.

Exhibit 26: Housing Type and Transportation Index – Top Half/Quartile Census Tracts



Source: Centers for Disease Control and Prevention, 2018, and Caliper Maptitude.

Description

Exhibit 26 identifies census tracts in the top half or quartile nationally for housing type and transportation vulnerability.

Observations

- Census tracts considered the most vulnerable for housing and transportation issues are in northeastern Anderson County, including Garnett.

Other Health Status and Access Indicators

County Health Rankings

Exhibit 27: County Health Rankings, 2020

Measure	Anderson County
Health Outcomes	70
Health Factors	59
Length of Life	88
Quality of Life	43
Poor or fair health	71
Poor physical health days	79
Poor mental health days	75
Low birthweight	14
Health Behaviors	71
Adult smoking	84
Adult obesity	60
Food environment index	67
Physical inactivity	28
Access to exercise opportunities	72
Excessive drinking	38
Alcohol-impaired driving deaths	74
Sexually transmitted infections	42
Teen births	40
Clinical Care	41
Uninsured	43
Primary care physicians	74
Dentists	75
Mental health providers	59
Preventable hospital stays	18
Mammography screening	20
Flu Vaccinations	92
Social & Economic Factors	65
High school graduation	28
Some college	72
Unemployment	77
Children in poverty	47
Income inequality	55
Children in single-parent households	16
Social associations	87
Violent crime	64
Injury deaths	70
Physical Environment	50
Air pollution - particulate matter	76
Severe housing problems	70
Driving alone to work	13
Long commute - driving alone	93

Source: County Health Rankings, 2020.

Description

Exhibit 27 presents *County Health Rankings*, a University of Wisconsin Population Health Institute initiative funded by the Robert Wood Johnson Foundation that incorporates a variety of health status indicators into a system that ranks each county/city within each state in terms of "health factors" and "health outcomes." The health factors and outcomes are composite measures based on several variables grouped into the following categories: health behaviors, clinical care,[11] social and economic factors, and physical environment.[12] *County Health Rankings* is updated annually. *County Health Rankings 2020* relies on data from 2012 to 2018. Most data are from 2015 to 2019.

The exhibit presents 2020 rankings for each available indicator category. Rankings indicate how the county ranked in relation to all 105 counties in Kansas. The lowest numbers indicate the most favorable rankings. Light grey shading indicates rankings in the bottom half of Kansas's counties; dark grey shading indicates rankings in bottom quartile.

Observations

- In 2020, Anderson County ranked in the bottom 50th percentile among Kansas counties for 26 of the 41 indicators assessed . Of those, six were in the bottom quartile, including:
    - Length of life;
    - Poor physical health days;
    - Smoking;
    - Flu vaccinations;
    - Social associations; and
    - Long commute - drive alone to work.

[11] A composite measure of Access to Care, which examines the percent of the population without health insurance and ratio of population to primary care physicians, and Quality of Care, which examines the hospitalization rate for ambulatory care sensitive conditions, whether diabetic Medicare patients are receiving HbA1C screening, and percent of chronically ill Medicare enrollees in hospice care in the last 8 months of life.

[12] A composite measure that examines Environmental Quality, which measures the number of air pollution-particulate matter days and air pollution-ozone days, and Built Environment, which measures access to healthy foods and recreational facilities and the percent of restaurants that are fast food.

Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2020

Indicator Category	Data	Anderson County	Kansas	United States
Health Outcomes				
Length of Life	Years of potential life lost before age 75 per 100,000 population	9,205	7,024	**6,900**
Quality of Life	Percent of adults reporting fair or poor health	16.7%	16.1%	**17.0%**
	Average number of physically unhealthy days reported in past 30 days	3.7	3.6	**3.8**
	Average number of mentally unhealthy days reported in past 30 days	3.8	3.7	**4.0**
	Percent of live births with low birthweight (<2500 grams)	5.7%	7.1%	**8.0%**
Health Factors				
Health Behaviors				
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	17.2%	17.4%	**17.0%**
Adult Obesity	Percent of adults that report a BMI >= 30	35.3%	33.2%	**29.0%**
Food Environment Index	Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.4	6.8	**7.6**
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure-time physical activity	26.7%	24.8%	**23.0%**
Access to Exercise Opportunities	Percent of population with adequate access to locations for physical activity	54.5%	80.1%	**84.0%**
Excessive Drinking	Binge plus heavy drinking	16.2%	18.7%	**19.0%**
Alcohol-Impaired Driving Deaths	Percent of driving deaths with alcohol involvement	27.8%	21.9%	**28.0%**
STDs	Chlamydia rate per 100,000 population	255.3	465.3	**524.6**
Teen Births	Teen birth rate per 1,000 female population, ages 15-19	26.0	25.7	**23.0**
Clinical Care				
Uninsured	Percent of population under age 65 without health insurance	10.4%	10.1%	**10.0%**
Primary Care Physicians	Ratio of population to primary care physicians	2,611:1	1,295:1	**1,330:1**
Dentists	Ratio of population to dentists	3,939:1	1,712:1	**1,450:1**
Mental Health Providers	Ratio of population to mental health providers	2,626:1	507:1	**400:1**
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,071	4,024	**4,535**
Mammography Screening	Percent of female Medicare enrollees, ages 67-69, that receive mammography screening	49.0%	45.0%	**42.0%**
Flu Vaccinations	Percent of Medicare enrollees who receive an influenza vaccination	27.0%	46.0%	**46.0%**

Source: County Health Rankings, 2020.

Exhibit 28: County Health Rankings Data Compared to State and U.S. Averages, 2020 (continued)

Indicator Category	Data	Anderson County	Kansas	United States
Health Factors				
Social & Economic Factors				
High School Graduation	Percent of ninth-grade cohort that graduates in four years	93.1%	87.3%	**85.0%**
Some College	Percent of adults aged 25-44 years with some post-secondary education	61.4%	69.9%	**66.0%**
Unemployment	Percent of population age 16+ unemployed but seeking work	3.5%	3.4%	**3.9%**
Children in Poverty	Percent of children under age 18 in poverty	16.7%	14.8%	**18.0%**
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.0	4.3	**4.9**
Children in Single-Parent Households	Percent of children that live in a household headed by single parent	17.1%	28.5%	**33.0%**
Social Associations	Number of associations per 10,000 population	11.5	13.7	**9.3**
Violent Crime	Number of reported violent crime offenses per 100,000 population	237.5	364.5	**386.0**
Injury Deaths	Injury mortality per 100,000	109.6	74.4	**70.0**
Physical Environment				
Air Pollution	The average daily measure of fine particulate matter in micrograms per cubic meter (PM2.5) in a county	9.2	8.1	**8.6**
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	12.0%	13.1%	**18.0%**
Driving Alone to Work	Percent of the workforce that drives alone to work	73.5%	82.2%	**76.0%**
Long Commute – Drive Alone	Among workers who commute in their car alone, the percent that commute more than 30 minutes	35.4%	20.9%	**36.0%**

Source: County Health Rankings, 2020.

Description

Exhibit 28 provides data that underlie the County Health Rankings and compares indicators to statewide and national averages.[13] Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in the United States. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- Kansas-wide indicators are worse than U.S. averages for health behavior-related indicators.

- The following indicators compared particularly unfavorably:

    - Ratio of population to primary care physicians
    - Ratio of population to dentists
    - Ratio of population to mental health providers
    - Injury mortality per 100,000

[13] County Health Rankings provides details about what each indicator measures, how it is defined, and data sources at http://www.countyhealthrankings.org/sites/default/files/resources/2013Measures_datasources_years.pdf

Community Health Status Indicators

Exhibit 29: Community Health Status Indicators, 2020
(Light Grey Shading Denotes Bottom Half of Peer Counties; Dark Grey Denotes Bottom Quartile)

Category	Indicator	Anderson County	Peer Counties
Length of Life	Years of Potential Life Lost Rate	9,205.0	9,179.1
Quality of Life	% Fair/Poor Health	16.7%	17.2%
	Physically Unhealthy Days	3.7	4.0
	Mentally Unhealthy Days	3.8	4.1
	% Births - Low Birth Weight	5.7%	6.8%
Health Behaviors	% Smokers	17.2%	17.5%
	% Obese (BMI >30)	35.3%	33.3%
	Food Environment Index	7.4	7.1
	% Physically Inactive	26.7%	29.6%
	% With Access to Exercise Opportunities	54.5%	54.5%
	% Excessive Drinking	16.2%	16.9%
	% Driving Deaths Alcohol-Impaired	27.8%	25.1%
	Chlamydia (per 100,000 population)	255.3	246.0
	Teen Births (per 1,000 females ages 15-19)	26.0	29.7
Clinical Care	% Uninsured	10.4%	11.8%
	Per capita supply of primary care physicians	38.3	48.0
	Per capita supply of dentists	25.4	41.2
	Per capita supply of mental health providers	38.1	131.2
	Preventable Hospitalizations (per 100,000 Medicare Enrollees)	3,071.0	4,428.0
	% Mammography Screening	49.0%	39.9%
	% Flu Vaccination	27.0%	34.4%
Social & Economic Factors	% High School Graduation	93.1%	92.1%
	% Some College	61.4%	58.5%
	% Unemployed	3.5%	3.4%
	% Children in Poverty	16.7%	22.2%
	Income Ratio	4.0	4.3
	% Children in Single-Parent Households	17.1%	32.2%
	Social Association (per 10,000 population)	11.5	19.1
	Violent Crime (per 100,000 population)	237.5	204.5
	Injury Deaths (per 100,000 population)	109.6	93.9
Physical Environment	Average Daily PM2.5	9.2	8.6
	% Severe Housing Problems	12.0%	10.8%
	% Drive Alone to Work	73.5%	78.6%
	% Long Commute - Drives Alone	35.4%	25.9%

Source: County Health Rankings and Verité Analysis, 2020.

Description

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's

Community Health Status Indicators Project (CHSI), County Health Rankings also publishes lists of "peer counties" so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates.

CHSI formerly was available from the CDC. Because comparisons with peer counties (rather than only counties in the same state) are meaningful, Verité Healthcare Consulting rebuilt the CHSI comparisons for this and other CHNAs.

Exhibit 29 compares Anderson County to its respective peer counties and highlights community health issues found to rank in the bottom half and bottom quartile of the counties included in the analysis. Light grey shading indicates rankings in the bottom half of peer counties; dark grey shading indicates rankings in the bottom quartile of peer counties. Underlying statistics also are provided.

See Appendix D for a list of Anderson County's peer counties.

Note that higher values generally indicate that health outcomes, health behaviors, and other factors are worse in the county than in its peer counties. However, for several indicators, lower values are more problematic, including:

- Food environment index,
- Percent with access to exercise opportunities,
- Percent receiving mammography screening,
- Percent receiving flu vaccination,
- High school graduation rate, and
- Percent with some college.

Observations

- Anderson County is in the bottom half of peer counties for 17 of the 34 benchmark indicators.

- Anderson County ranks in the bottom quartile of peer counties for two (2) of the 34 indicators:

    - Supply of dentists; and
    - Social associations.

COVID-19 Incidence and Mortality

Exhibit 30: COVID-19 Incidence, Mortality, and Vaccination (As of September 7, 2021)

Indicator	Anderson County	Kansas	United States
Total Confirmed Cases	971	378,080	39,411,618
Confirmed Cases (per 100,000 Population)	12,325	12,986	12,080
Total Deaths	20	5,635	630,312
Deaths (per 100,000 Population)	253.9	193.5	193.2
Percent of Adults Fully Vaccinated	45.7%	56.4%	59.4%
Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	15.6%	14.2%	10.0%
Vaccine Coverage Index	0.63	0.36	0.39

Source: Sparkmap, 2021.

Description

Exhibit 30 presents data regarding COVID-19 incidence and mortality. Light grey shading highlights indicators found to be worse than the national average

Observations

- COVID-19 cases per 100,000 in Anderson County are above the U.S. average, but below the Kansas average. COVID-19 mortality rates have been above both state and national averages.
- The percent of adults fully vaccinated and the percent hesitant about receiving the vaccine in Anderson County are both unfavorable compared to state and national averages.

Mortality Rates

Exhibit 31: Causes of Death (Age-Adjusted, Per 100,000), 2017-2019

Cause of Death	Anderson County	Kansas
Heart disease	176.4	**158.7**
Cancer	186.4	**152.9**
Other causes	64.6	**119.3**
Chronic lower respiratory diseases	70.1	**49.7**
Cerebrovascular disease (Stroke)	42.2	**35.5**
All other accidents and adverse effects	23.3	**33.1**
Diabetes	26.8	**23.8**
Alzheimer's disease	32.4	**22.9**
Other digestive diseases	21.6	**19.2**
Suicide	15.8	**18.7**
Pneumonia and influenza	8.7	**15.1**
Kidney disease (nephritis)	23.7	**15.0**
Motor vehicle accidents	53.2	**14.1**
Other respiratory diseases	9.8	**12.3**
Chronic liver disease and cirrhosis	7.7	**10.2**
Septicemia	18.2	**8.9**
Essential hypertension	6.2	**7.3**
Atherosclerosis	13.9	**7.0**
Other circulatory diseases/disorders	8.4	**6.6**
Pneumonitis due to solids and liquids	11.3	**6.2**

Source: Kansas Department of Health and Environment, 2020.

Description

Exhibit 31 provides age-adjusted mortality rates (2017 through 2019) for a variety of causes in Anderson County and Kansas. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- Anderson County has experienced rates of kidney disease, motor vehicle accidents, septicemia, atherosclerosis, and pneumonitis deaths that are well above state averages.

- The county’s mortality rates also are above average due to heart disease, cancer, chronic lower respiratory diseases, stroke, diabetes, Alzheimer’s disease, other digestive diseases, and other circulatory diseases.

Exhibit 32: Crude Cancer Mortality Rates per 100,000 Population, 2015-2019

Cancer Site	Anderson County	Kansas	United States
All cancers	303.5	191.0	**184.0**
Colon, rectum and anus	30.6	17.1	**16.4**
Liver and intrahepatic bile ducts	#N/A	7.4	**8.3**
Pancreas	#N/A	13.6	**13.5**
Trachea, bronchus and lung	91.8	48.5	**44.9**
Lymphoid, hematopoietic and related tissue	28.1	19.5	**17.6**
All other and unspecified malignant neoplasms	33.2	22.7	**22.3**

Source: Centers for Disease Control and Prevention, 2020.
*Note: Rates calculated with 2019 population data for counties. Due to low incidence, rates considered unstable.

Description

Exhibit 32 provides crude mortality rates for selected forms of cancer in 2015-2019.

Observations

- Anderson County's overall cancer mortality rate was significantly above the state and national averages.
- Anderson County had particularly high mortality rates for colon, rectum, and anus cancer; trachea, bronchus, and lung cancer; and lymphoid, hematopoletic, and related tissue cancers.

Exhibit 33: Drug Poisoning Mortality per 100,000, 2013 and 2018

Area	2013	2018	Percent Change 2013 - 2018
Anderson County	14.5	20.1	27.9%
Kansas	11.4	11.8	3.5%
United States	**13.9**	**20.6**	**32.4%**

Source: Centers for Disease Control and Prevention, 2020.

Description

Exhibit 33 provides mortality rates for drug poisoning for 2013 and 2018. Light grey shading highlights indicators found to be worse than the national average; dark grey shading highlights indicators more than 50 percent worse.

Observations

- Drug poisoning mortality rates were higher in Anderson County than state averages in 2013 and 2018, and above the national average in 2013.
- Between 2013 and 2018, the drug poisoning mortality rate increased 27.9 percent in Anderson County, a significantly higher rate of increase compared to the Kansas rate, but below the national rate.

Communicable Diseases

Exhibit 34: Communicable Disease Incidence Rates per 100,000 Population, 2018-2019

Measure	Anderson County	Kansas
HIV Diagnoses	0.0	**5.4**
HIV Prevalence	108.8	**131.6**
Chlamydia	166.0	**488.5**
Congenital Syphilis	0.0	**21.0**
Early Latent Syphilis	0.0	**10.0**
Gonorrhea	0.0	**180.4**
Primary and Secondary Syphilis	0.0	**5.2**

Source: Centers for Disease Control and Prevention, 2020.

Description

Exhibit 34 presents incidence rates for certain communicable diseases in Anderson County and Kansas.

Observations

- Anderson County incidence rates for communicable diseases were below state averages for all indicators.

Maternal and Child Health

Exhibit 35: Maternal and Child Health Indicators, 2017-2019

Indicators	Anderson County	Kansas
Adequate Prenatal Care (Kotelchuck Index)	44.1%	52.2%
Prenatal Care Started In 1st Trimester	76.4%	80.3%
Gestation - Full Term (39-40 Weeks)	62.3%	59.9%
Mother Smoked While Pregnant	15.2%	9.4%
Mothers Breastfeeding	89.2%	88.3%
Small For Gestational Age (Less Than 10th Percentile)	8.8%	9.9%
Infant Mortality Rate	N/A	5.9

Source: Kansas Department of Health and Environment, 2020.

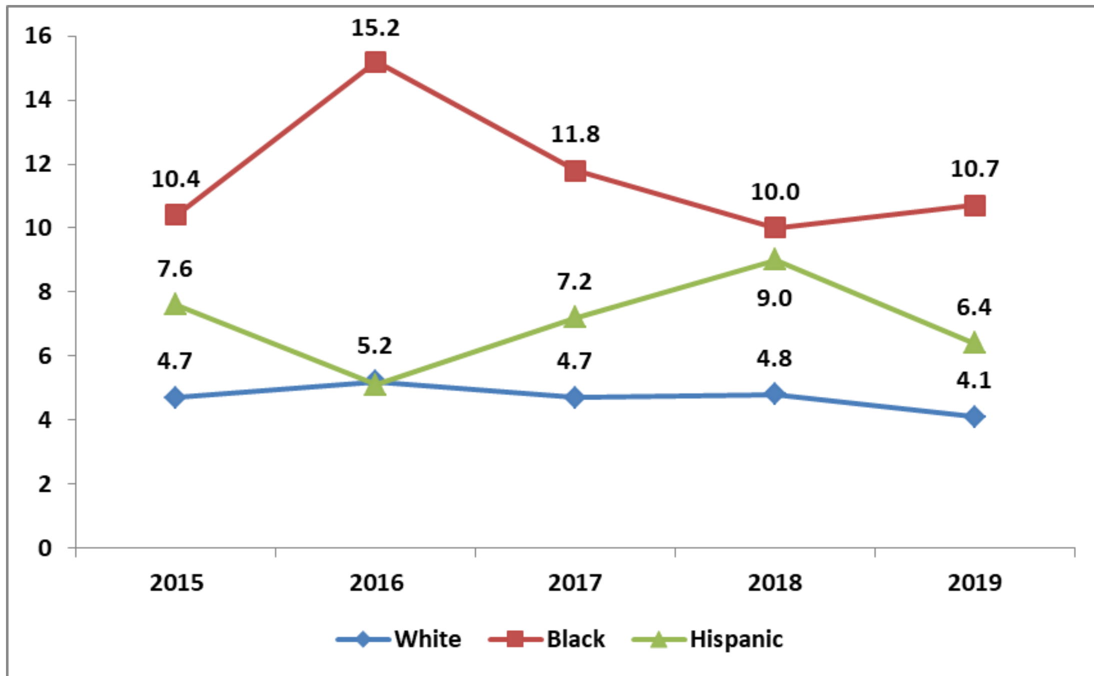
Description

Exhibit 35 compares various maternal and child health indicators for Anderson County with Kansas averages.

Observations

- Anderson County compares unfavorably to state averages for several indicators, including prenatal care and mothers who smoked while pregnant.

Exhibit 36: Kansas Infant Mortality Rates per 1,000 Live Births by Race/Ethnicity, 2015-2019



Source: Kansas Department of Health and Environment, 2021.

Description

Exhibit 36 provides infant mortality data by race and ethnicity for Kansas for each year between 2015 and 2019.

Observations

- Mortality rates for Black infants in Kansas have been significantly above rates for White infants. Rates for Hispanic infants have been in general above those for White infants.
- Mortality rates increased slightly for Black infants between 2015 and 2019, while decreasing slightly for White and Hispanic infants.

America's Health Rankings

Exhibit 37: America's Health Rankings, Underlying Data by Race/Ethnicity, 2020

Measure Name	Black	Hispanic (or Latino)	White	Kansas Overall
Arthritis	22.3%	16.9%	27.1%	**25.6%**
Asthma	12.1%	7.6%	9.9%	**9.9%**
Avoided Care Due to Cost	18.7%	21.9%	11.1%	**13.1%**
Cancer	5.0%	2.9%	8.4%	**7.6%**
Cardiovascular Diseases	9.0%	5.4%	8.3%	**8.2%**
Children in Poverty	32.4%	24.7%	12.1%	**14.9%**
Chlamydia	1,521	451	242	**489**
Chronic Obstructive Pulmonary Disease	6.5%	3.4%	6.4%	**6.4%**
Colorectal Cancer Screening	60.0%	51.5%	68.9%	**67.3%**
Crowded Housing	3.1%	6.1%	1.2%	**1.9%**
Dedicated Health Care Provider	71.5%	62.4%	81.6%	**78.2%**
Dental Visit	62.3%	68.7%	68.6%	**67.9%**
Depression	15.1%	21.6%	19.9%	**19.9%**
Diabetes	16.0%	9.7%	10.7%	**10.8%**
Education - Less Than High School	12.6%	31.6%	4.9%	**8.2%**
Excessive Drinking	18.7%	22.9%	18.0%	**18.7%**
Exercise	21.2%	26.3%	19.8%	**20.8%**
Flu Vaccination	40.3%	33.6%	48.8%	**46.2%**
Frequent Mental Distress	16.9%	16.7%	12.9%	**13.9%**
Frequent Physical Distress	14.8%	12.1%	11.1%	**11.6%**
Fruit and Vegetable Consumption	7.3%	9.5%	8.4%	**8.6%**
High Blood Pressure	47.9%	18.2%	34.7%	**33.5%**
High Cholesterol	32.6%	25.0%	36.4%	**34.9%**
High Health Status	40.3%	43.6%	51.8%	**49.7%**
High School Graduation	79.0%	81.3%	89.7%	**87.2%**
High-risk HIV Behaviors	8.3%	9.6%	5.0%	**5.8%**
High-speed Internet	80.7%	86.9%	88.9%	**88.4%**
Insufficient Sleep	45.6%	33.0%	31.8%	**33.1%**
Low Birthweight	13.2%	7.3%	6.7%	**7.4%**
Multiple Chronic Conditions	9.3%	6.4%	9.8%	**9.6%**
Obesity	45.7%	34.6%	35.2%	**35.2%**
Per Capita Income	23,291	18,171	36,677	**32,885**
Physical Inactivity	29.8%	30.4%	26.6%	**27.1%**
Premature Death	11,794	5,082	7,782	**7,542**
Preventable Hospitalizations	5,446	3,536	3,993	**4,014**
Severe Housing Problems	22.3%	21.8%	11.1%	**12.9%**
Smoking	20.5%	16.6%	15.2%	**16.2%**
Suicide	13.2	10.1	21.0	**19.5**
Teen Births	35.9	34.7	15.4	**20.0**

Source: America's Health Rankings, 2020.

Description

Exhibit 37 presents Kansas data from America's Health Rankings for racial and ethnic cohorts, with Kansas overall for comparison. America's Health Rankings provides an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental, and socioeconomic data to determine national health benchmarks and state rankings. Light grey shading highlights indicators found to be worse than the state average; dark grey shading highlights indicators more than 50 percent worse.

Observations

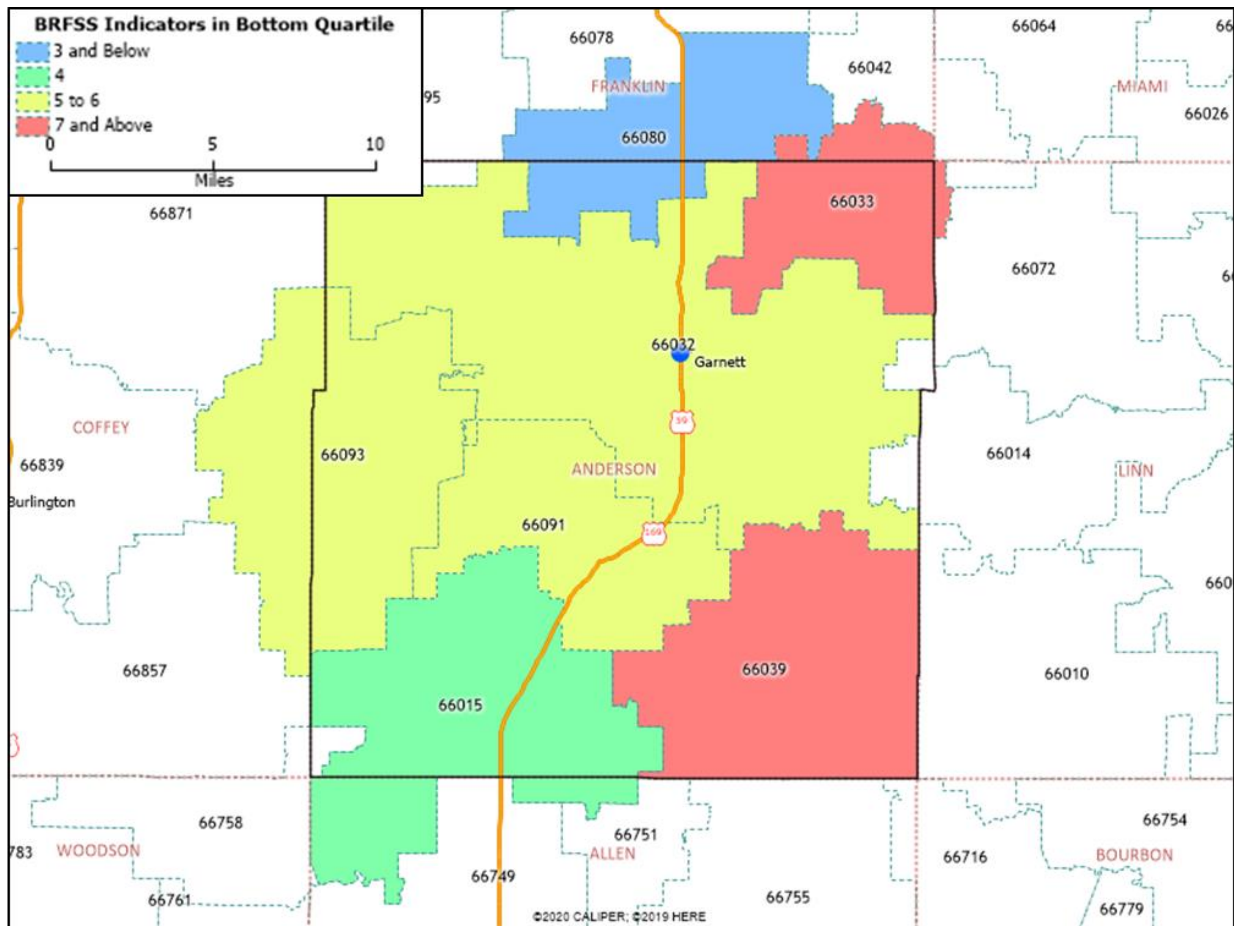
- Black populations compared worse than state averages for many indicators, with particularly unfavorable rates of children in poverty, chlamydia, crowded housing, high school graduation, low birthweight births, premature death, severe housing problems, and teen births.

- Hispanic populations compared worse for a variety of indicators, including avoiding health care due to cost, children in poverty, crowded housing, high school graduation, high-risk HIV behaviors, severe housing problems, and teen births.

- White populations compared unfavorably for ten indicators, including cancer, exercising, high blood pressure and cholesterol, and suicide.

Centers for Disease Control and Prevention PLACES

Exhibit 38: BRFSS Indicators in Bottom Quartile Nationally, 2017-2018



Source: Centers for Disease Control and Prevention, 2020, and Caliper Maptitude.

Description

Exhibit 38 presents CDC PLACES data. PLACES, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, provides model-based population-level analysis and community estimates to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States. PLACES is an extension of the original 500 Cities Project that provided city and census tract estimates for chronic disease risk factors, health outcomes, and clinical preventive services use for the 500 largest US cities.

Exhibit 42 identifies how many BRFSS indicators are in the bottom quartile nationally by ZIP code out of 28 indicators.

Observations

- ZIP codes 66033 and 66039 ranked in the bottom quartile nationally for seven BRFSS indicators, the most of community ZIP codes.

Ambulatory Care Sensitive Conditions

Exhibit 39: Saint Luke's Health System ACSC (PQI) Discharges by County, 2020

Condition	Allen County	Anderson County
Heart Failure	11	9
Bacterial Pneumonia	24	6
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	9	8
Urinary Tract Infection	14	8
Diabetes Long-Term Complications	4	1
Diabetes Short-Term Complications	-	-
Uncontrolled Diabetes	-	2
Hypertension	1	1
Lower-Extremity Amputation among Patients with Diabetes Rate	-	-
Asthma in Younger Adults	-	-
Total ASCC Discharges	**63**	**35**
Total Adult Discharges	203	247
Percent	**31.0%**	**14.2%**

Source: Analysis of Saint Luke's Health System Discharges, 2020.

Exhibit 40: Saint Luke's Health System ACSC (PQI) Discharges by Hospital, 2019

Condition	Anderson County Hospital
Heart Failure	12
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults	10
Urinary Tract Infection	9
Bacterial Pneumonia	7
Hypertension	2
Uncontrolled Diabetes	2
Diabetes Long-Term Complications	1
Total ASCC Discharges	**43**
Total Adult Discharges	287
Percent	**15.0%**

Source: Analysis of Saint Luke's Health System Discharges, 2020.

Description

Exhibits 39 and 40 provide information based on an analysis of discharges from Saint Luke's Health System hospitals. The analysis identifies discharges for Ambulatory Care Sensitive Conditions (ACSCs).

ACSCs are health "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease."[14] As such, rates of hospitalization for these conditions can "provide insight into the quality of the health care system outside of the hospital," including the accessibility and utilization of primary care, preventive care, and health education.

These conditions include angina without procedure, diabetes, perforated appendixes, chronic obstructive pulmonary disease (COPD), hypertension, congestive heart failure, dehydration, bacterial pneumonia, urinary tract infection, and asthma.

Disproportionately high rates of discharges for ACSC indicate potential problems with the availability or accessibility of ambulatory care and preventive services and can suggest areas for improvement in the health care system and ways to improve outcomes.

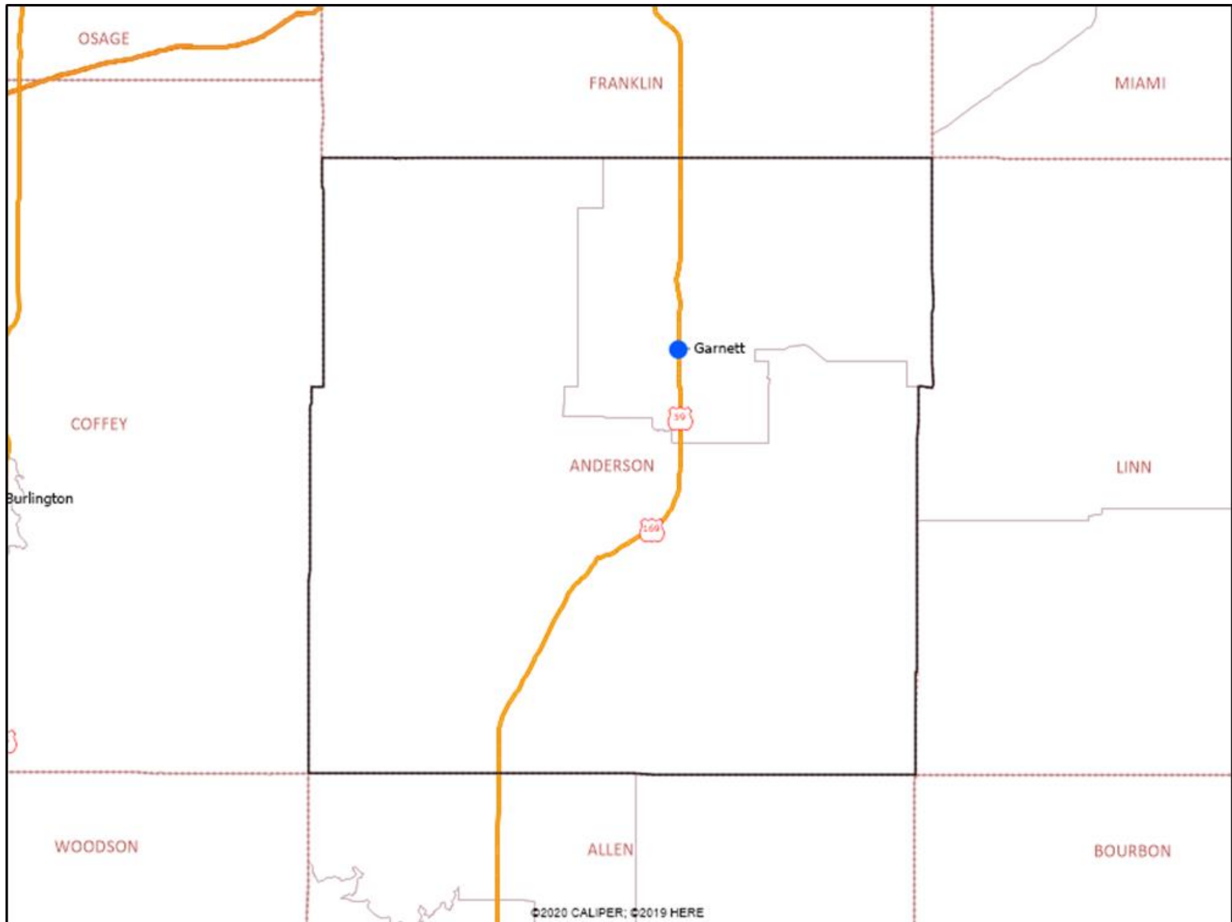
Observations

- The ACSC (PQI) analysis was based on discharges from Saint Luke's Health System hospitals only.
- About 14 percent of Anderson County's discharges were for ACSC – a significantly lower percentage than neighboring Allen County (31 percent).
- For the hospital, 15 percent of all discharges were for ACSCs, the lowest of all hospitals assessed.[15]

[14] Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators.
[15] Hospitals assessed include four Saint Luke's Health critical access hospitals in KS and MO: Allen County Regional Hospital, Anderson County Hospital, Hedrick Medical Center, and Wright Memorial Hospital.

Food Deserts

Exhibit 41: Locations of Food Deserts, 2019



Source: Caliper Maptitude and U.S. Department of Agriculture, 2021.

Description

Exhibit 41 identifies where food deserts are present in the community.

The U.S. Department of Agriculture's Economic Research Service defines urban food deserts as low-income areas more than one mile from a supermarket or large grocery store, and rural food deserts as more than 10 miles from a supermarket or large grocery store. Many government-led initiatives aim to increase the availability of nutritious and affordable foods to people living in these areas.

Observations

- No food deserts are present in Anderson County.

Medically Underserved Areas and Populations

Exhibit 42: Medically Underserved Areas and Populations, 2021

Service Area Name	Designation Type	State	County
Low Income - Anderson	Medically Underserved Population	Kansas	Anderson County

Source: Caliper Maptitude and Health Resources and Services Administration, 2019.

Description

Exhibit 42 identifies Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).

Medically Underserved Areas and Populations (MUA/Ps) are designated by HRSA based on an "Index of Medical Underservice." The index includes the following variables: ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with incomes below the poverty level, and percentage of the population age 65 or over.[16] Areas with a score of 62 or less are considered "medically underserved."

Populations receiving MUP designation include groups within a geographic area with economic barriers or cultural and/or linguistic access barriers to receiving primary care. If a population group does not qualify for MUP status based on the IMU score, Public Law 99-280 allows MUP designation if "unusual local conditions which are a barrier to access to or the availability of personal health services exist and are documented, and if such a designation is recommended by the chief executive officer and local officials of the state where the requested population resides."[17]

Observations

- The low-income population of Anderson County is designated as a Medically Underserved Population (MUP).

[16] Heath Resources and Services Administration. See http://www.hrsa.gov/shortage/mua/index.html
[17] *Ibid.*

Health Professional Shortage Areas

Exhibit 43: Primary Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	State	County
Anderson County Hospital Family Care Center	Rural Health Clinic	Kansas	Anderson County
Low Income - Anderson County	Low Income Population HPSA	Kansas	Anderson County

Source: Health Resources and Services Administration, 2021.

Description

Exhibits 43 through 45 identify the locations of federally designated primary care, dental care, and mental health Health Professional Shortage Areas (HPSAs).

A geographic area can be designated a HPSA if a shortage of primary medical care, dental care, or mental health care professionals is found to be present. In addition to areas and populations that can be designated as HPSAs, a health care facility can receive federal HPSA designation and an additional Medicare payment if it provides primary medical care services to an area or population group identified as having inadequate access to primary care, dental, or mental health services.

HPSAs can be: "(1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services); (2) a population group; or (3) a public or nonprofit private medical facility."[18]

Exhibit 43 provides a list of federally designated primary care HPSAs.

Observations

- The low-income population of Anderson County is designated as a Primary Care HPSA.
- One health clinic was also designated as a Primary Care HPSA.

[18] U.S. Health Resources and Services Administration, Bureau of Health Professionals. (n.d.). *Health Professional Shortage Area Designation Criteria*. Retrieved 2012, from http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html

Exhibit 44: Dental Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	State	County
Anderson County Hospital Family Care Center	Rural Health Clinic	Kansas	Anderson County
Low Income - Anderson County	Low Income Population HPSA	Kansas	Anderson County

Source: Health Resources and Services Administration, 2021.

Description

Exhibit 44 provides a list of federally designated dental care HPSAs.

Observations

- The low-income population of Anderson County is designated as a Dental Care HPSA.
- One health clinic was also designated as a Dental Care HPSA.

Exhibit 45: Mental Health Care Health Professional Shortage Areas, 2021

HPSA Name	Designation Type	State	County
Anderson County Hospital Family Care Center	Rural Health Clinic	Kansas	Anderson County
Mental Health Catchment Area 7	Geographic HPSA	Kansas	Anderson County

Source: Health Resources and Services Administration, 2021.

Description

Exhibit 45 provides a list of federally designated mental health HPSAs.

Observations

- The entire population of Anderson County is designated as a Mental Health Care HPSA as a part of Mental Health Catchment Area 7.
- One health clinic was also designated as a Mental Health Care HPSA.

Findings of Other Assessments

CDC COVID-19 Prevalence and Mortality Findings

The Centers for Disease Control and Prevention (CDC) provides information, data, and guidance regarding the COVID-19 pandemic. The pandemic also has exposed the significance of problems associated with long-standing community health issues, including racial health inequities, chronic disease, access to health services, mental health, and related issues. Part of the CDC's work has included identifying certain populations that are most at risk for severe illness and death due to the pandemic. To date, the CDC's work has yielded the outlined below.

Underlying medical conditions may contribute. People with certain underlying medical conditions are at increased risk for severe illness and outcomes from COVID-19, including the following: [19]

- Cancer;
- Chronic kidney disease;
- Chronic obstructive pulmonary disease (COPD);
- Immunocompromised state from organ transplant;
- Obesity;
- Serious heart conditions, including heart failure, coronary artery disease, or cardiomyopathies;
- Sickle cell disease; and
- Type 2 diabetes mellitus.

Based on what is known at this time, people with other conditions might be at an increased risk for severe illness and outcomes from COVID-19, including:[20]

- Asthma (moderate-to-severe);
- Cerebrovascular disease (affects blood vessels and blood supply to the brain);
- Cystic fibrosis;
- Hypertension or high blood pressure;
- Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines;
- Neurologic conditions, such as dementia;
- Liver disease;
- Pregnancy;
- Pulmonary fibrosis (having damaged or scarred lung tissues);
- Smoking;
- Thalassemia (a type of blood disorder); and
- Type 1 diabetes mellitus.

[19] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html
[20] Ibid.

Older adults are at-risk. Older adults and the elderly are disproportionately at risk of severe illness and death from COVID-19. Risks increase with age, and those aged 85 and older are at the highest risk. At present time, eight out of 10 COVID-19 deaths have been in adults aged 65 or older.[21]

Men are at-risk. Data thus far indicate that men are more likely to die from COVID-19 than women. While the reasons for this disparity are unclear, a variety of biological factors, behavioral influences, and psychosocial elements may contribute.[22]

Racial and ethnic minorities are at-risk. According to the CDC, "Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age." Evidence points to higher rates of hospitalization or death among racial and ethnic minority groups, including non-Hispanic Black persons, Hispanics and Latinos, and American Indians or Alaska Natives.[23]

- Non-Hispanic American Indian or Alaska Native persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Non-Hispanic Black persons - incidence rate is approximately five times greater than non-Hispanic White persons.
- Hispanic or Latino persons - incidence rate is approximately four times greater than non-Hispanic White persons.

In explaining these differences of COVID-19 incidence rates, the CDC states: "Health differences between racial and ethnic groups result from inequities in living, working, health, and social conditions that have persisted across generations."[24]

Kansas Health Assessment and Improvement Plan – December 2019 Progress Report

In October 2020, the Kansas Department of Health and Environment published an update on their state improvement plan, entitled *December 2019 Progress Report*. The update highlighted the five strategies (and one cross-cutting strategy) to improve health in Kansas and provided updates on each. Those strategies were:

- Strategy 1 - Healthy Living - Promote healthy eating and physical activity in Kansas. This will be accomplished through increased access to farmer's markets and community gardens and through food policy councils and a growing network of schools, worksites and early childhood care providers.
- Strategy 2 - Healthy Living - Promote a comprehensive approach to tobacco use prevention and control to reduce initiation and provide support for Kansans trying to quit tobacco. This will be accomplished through cessation interventions, including promotion and use of the Kansas Tobacco Quitline.

[21] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
[22] https://www.cdc.gov/pcd/issues/2020/20_0247.htm
[23] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html
[24] *Ibid*.

- Strategy 3 - Healthy Communities - Promote environments and community design that impact health and support healthy behaviors. This will be accomplished through implementation of best practices such as roadways designed to accommodate all users, access to trails connecting business and residential areas, initiatives to ensure clean air (indoor and outdoor), safe housing, access to quality drinking water and community driven recycling.
- Strategy 4 - Access to Services - Address the root causes of poor health. This will be accomplished through a renewed focus on improving health literacy, and by establishing more direct links between initiatives focused on health and on decreasing the number of Kansans living in and impacted by poverty.
- Strategy 5 - Access to Services - Promote integrated health care delivery. This will be accomplished by encouraging providers to move toward integrative models of care and increasing health care access through the use of telemedicine. This will include expanding the number of providers who adopt electronic health records (EHR) systems and connecting to and using a health information exchange.
- Cross-Cutting Strategy 6 - Train and Equip the Public Health Workforce – To address all three themes, the following cross-cutting strategy was developed. Strengthen public health workforce training in Kansas to develop a public health workforce that is well-prepared, adequate in number and distributed according to the needs of both rural and urban Kansans.

Each of these strategies included goals and objectives to be met by 2020 in line with the Healthy Kansans 2020 plan. Of the 45 indicators of progress towards the goals and objectives related to Healthy Kansans 2020, 15 targets were met with another 8 objectives showed significant improvement, with two measures within 10 percent of the established targets. For 14 indicators, current or baseline data were not available, and 8 objectives were not met.

MCH 2020: Kansas Maternal and Child Health Needs Assessment, Priorities and Action Plan – 2016-2020

The 2016-2020 Kansas Title V Needs Assessment was conducted by the Bureau of Family Health to understand needs and determine priorities for work at the state and local levels to support the health and well-being of women, infants, children, children with special health care needs, adolescents, and individuals over the life course.

The state priorities that emerged are as follows:

- Priority 1: Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.
  - All women age 15-44 who access Title V services will receive prenatal risk assessments and well-woman visits at least once annually in order to reduce birth complications and risks, while improving women's health.
  - Women will follow through with recommended referral services 100% of the time by attending all recommended screenings and doctor appointments.

  - There will be an increase in access to services through supplemental resources provided throughout the community to promote education, screening, referral, and treatment for women and families.

- Priority 2: Services and supports promote healthy family functioning.
  - Healthy relationships and life skills are evident with women and families through an improvement rate of at least 30% on annual Becoming a Mom program evaluations/indicators.
  - Provide and increase in community resource fairs, trainings, and community events that promote and support informed, engaged, and empowered families evident through an increase in referral and service delivery reported in annual program data.
  - Increase client access to services through coordination of home visiting programs and expanding services through informing and referring families to services in order to ensure proper linkage.

- Priority 3: Developmentally appropriate care and services are provided across the lifespan of children.
  - As a result of infants, children and adolescents being in environments where there are safeguards against preventable injury and harm, the infant mortality rate is reduced to a 3-year average of lower than 6.0.
  - 90% of children receive immunizations according to the recommended schedule.
  - Multi-sector (individual, health care and social service providers, community-based organizations) approaches are in place to reduce annual SIDS and SUID rates.
  - To achieve overall good health and desirable outcomes over the life course, preventative oral health services are integrated into existing programs and services for the MCH population starting in the prenatal and infancy periods.
  - All children receive an age appropriate developmental screening annually with a valid and reliable tool.

- Priority 4: Families are empowered to make educated choices about nutrition & physical activity.
  - Children and adolescents ages 0-17 years old and older have access to healthy foods and increased knowledge of opportunities for physical activity in order to adhere to and achieve optimum lifelong health.
  - Parents have access to information and resources on infant nutrition and feeding education in a multifaceted way using existing programs starting in the prenatal period, initiated during the first trimester.
  - Increased opportunities for regular physical activity for families are provided through structured environments and improved accessibility to facilities that support physical activity.

- Priority 5: Communities, providers, and systems of care support physical, social and emotional health for adolescents.

- All children and adolescents receive comprehensive preventive health care that addresses social and emotional aspects of health at annual child and adolescent well visits, promoted through a developed cross system partnership (schools, community partners, Health Department).
- All youth are provided with the support, relationships, and resources they need in order to build and improve coping skills and manage stress through measurable, positive youth development interventions and the implementation of evidence-based practices to prevent suicide.
- Adults, children, and adolescents are aware of and have access to prevention and intervention programs that educate and empower them to practice protective factors to reduce the impact of bullying through MCH community and school trainings provided annually.

- Priority 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations.
  - MCH provides on-going support toward the development of a trained and qualified workforce that serves Kansas children and families by providing professionals with up-to-date best practices and evidence-based services using a multi-faceted approach (referral network, mid-level training for home visitors, partnership support).
  - Annual training and education are delivered to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the SHCN population into adulthood.
  - MCH provides and ensures availability to on-going, up to date education and training opportunities that promote consistent messages and curriculums for childcare providers in Kansas aimed at the social-emotional development of children.

- Priority 7: Services are comprehensive and coordinated across systems and providers.
  - By supporting collaborative efforts of partners (MCO's, primary care providers) toward the timely implementation of a family-centered medical home to help with coordination of care, both communication and outreach will improve among service providers, individuals, and families.
  - Ensuring systems that support age & are developmentally appropriate, including universal behavioral health, and increase collaboration efforts through partnerships with existing programs (KDADS, KAIMH) and between primary care and behavioral health providers that are continually integrated and reviewed.
  - A patient-centered action plan that assists and empowers individuals and families is developed, monitored, and evaluated to help navigate systems for optimal health outcomes throughout the life course.

- Priority 8: Information is available to support informed health decisions and choices.
  - MCH works with existing programs (pediatricians, youth programs, local schools) to increase the number of partnerships that will help parents and youth ages 17 and below understand the importance of and make informed decisions about healthy choices and regular self-care.

- Through collaboration with local school districts to implement and provide youth-focused initiatives & curriculums that include progress measures, children and youth ages 17 and under, and families are better equipped to advocate for all needed services, supports, and family/professional partnerships to achieve 100% of successful and healthy transitions.
- In partnership with local health departments, MCH increases the number of individuals/families with medical insurance by 100% by assisting with locating and enrolling in the appropriate health care coverage, and through outreach by hosting current regional training around service planning, delivery, and navigation of resources to ensure utilization of acquired health care coverage-centered action plan that assists and empowers individuals and families is developed, monitored, and evaluated to help navigate systems for optimal health outcomes throughout the life course.

Rural Action Plan – US Department of Health and Human Services, 2020

In September 2020, the US Department of Health and Human Services released their rural action plan and assessment of rural health. Key points from the plan include:

- Rural residents are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke than their urban counterparts.
- A number of rural hospitals are closing (that is, ceasing to provide inpatient services) or have a high degree of financial risk. Between January 2010 and July 2020, 130 rural hospitals closed. The impacts of these closures vary by community.
- Financial distress is linked to closure risk. However, many rural hospitals lack enough patient volume to be sustainable under traditional health care reimbursement mechanisms. From 2015 to 2017, the average occupancy rate of a hospital that closed was only 22 percent. Factors contributing to reduced rural hospital volumes include, but are not limited to, declining population, market changes, and patient bypass to other facilities.
- Fewer facilities are delivering babies, which may adversely affect access to obstetric (OB) services in rural communities. The percentage of U.S. rural counties that lacked hospital OB services increased from 45 percent in 2004 to 54 percent in 2014, due to hospital and OB unit closures. Rural areas also have higher rates of maternal mortality and higher rates of infant mortality.
- The ability to recruit and retain physicians, nurses, and all other types of providers—long a challenge in rural America—continues to limit access to care. A lack of behavioral health providers is particularly pronounced in rural areas, with 17 percent of nonmetropolitan (non-core) counties lacking behavioral health providers contrasted with three percent in metropolitan counties.
- Specialty care is less accessible due to distance and travel required; people with disabilities and older Americans are disproportionately affected by these and other social determinants of health. According to results from a survey of Rural Health Clinics (RHCs) that was published in December 2019, respondents attributed access challenges to a lack of specialty care providers in rural areas, with limited appointment availability, distance, and transportation being the other top reasons for having difficulty.

APPENDIX C – COMMUNITY INPUT PARTICIPANTS

Exhibit 46: Interviewee Organizational Affiliations

Organization
Anderson County Hospital
Anderson County Rural Health Clinic (Saint Luke's)
Kansas Dept of Health & Environment, SE District - Mental Health
Saint Luke's Critical Access Region
SEK Multi-County Health Department

Exhibit 47: Community Meeting Participants

Organization or Affiliation
Garnett Area Chamber of Commerce
Anderson County Hospital Board of Directors
Garnett School District
Southeast Kansas Mental Health Center
Anderson County Hospital
Anderson County Hospital Foundation

APPENDIX D – CHSI PEER COUNTIES

County Health Rankings has assembled community health data for all 3,143 counties in the United States. Following a methodology developed by the Centers for Disease Control's *Community Health Status Indicators* Project (CHSI), County Health Rankings also publishes lists of "peer counties," so comparisons with peer counties in other states can be made. Each county in the U.S. is assigned 30 to 35 peer counties based on 19 variables including population size, population growth, population density, household income, unemployment, percent children, percent elderly, and poverty rates. **Exhibit 48** lists peer counties for Anderson County, KS.

Exhibit 48: CHSI Peer Counties

Anderson County, Kansas	
Dallas County, Arkansas	Grundy County, Missouri
Baca County, Colorado	Harrison County, Missouri
Lewis County, Idaho	Holt County, Missouri
Gallatin County, Illinois	Knox County, Missouri
White County, Illinois	Linn County, Missouri
Appanoose County, Iowa	Mercer County, Missouri
Taylor County, Iowa	Shelby County, Missouri
Wright County, Iowa	Brown County, Nebraska
Anderson County, Kansas	Jefferson County, Nebraska
Cloud County, Kansas	Richardson County, Nebraska
Greenwood County, Kansas	Sheridan County, Nebraska
Harper County, Kansas	Webster County, Nebraska
Wilson County, Kansas	Quay County, New Mexico
Woodson County, Kansas	Blaine County, Oklahoma
Pipestone County, Minnesota	Cameron County, Pennsylvania
Atchison County, Missouri	Walworth County, South Dakota
Carroll County, Missouri	Donley County, Texas
Dade County, Missouri	

APPENDIX E – IMPACT EVALUATION

This appendix highlights Anderson County Hospital's initiatives and related impacts in addressing significant community health needs since the facility's previous Community Health Needs Assessment (CHNA) published in 2018. This is not an inclusive list of all initiatives aligned with the 2018 CHNA. Given that the process for evaluating the impact of various services and programs on health outcomes is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. Each Saint Luke's facility continues to evaluate the cumulative impact.

The 2018 Anderson County Hospital CHNA identified the following as significant needs and priority areas:

1. Behavioral Health Care
2. Improved Access to Care
3. Increased Access to Physical Activity and Nutrition

Anderson County Hospital (ACH)

Priority 1: Behavioral Health Care

Goal: Improve access to mental health services in Anderson County.

- Initiative: ACH will continue to utilize the mental health team telemedicine program that has training and expertise to address issues such as:
    - Depression
    - Stress
    - Life transitions
    - Family problems
    - Crisis
    - Grief and loss
    - Mental illness
    - Trauma-related issues
    - Anxiety/panic disorders
    - Dual-diagnosis treatment
- Highlighted Impact: ACH continued to expand its mental health services through telehealth offerings, connecting Anderson County residents with specialized care from a variety of Saint Luke's Health System (SLHS) entities.

- Initiative: ACH will continue to provide psychiatric services onsite at the Family Care Center as well as through the eHealth telemedicine program.
- Highlighted Impact: SLH partners with system specialties for psychiatric care at this time.

- Initiative: ACH and SLHS will advocate on key health policy issues at the state and national level involving access to behavioral health services, especially for low-income populations.

- Highlighted Impact: ACH and SLHS continued collaboration with local, state, and national partners, such as local chambers of commerce, the Kansas Hospital Association, and other community based organizations. The hospital maintained relationships with policymakers, fostering the environment necessary for positive movement on issues surrounding behavioral health services.

Goal: Reduce drug and substance abuse in Anderson County.

- Initiative: The hospital will continue to work with community partners such as the Southeast Kansas Mental Health Center and Mid-America Nazarene to address the ongoing mental health needs of community members.
- Highlighted Impact: In 2019 and 2020, ACH Partnered with Southeast Kansas Mental Health Center and Saint Luke's Physician Group (SLPG) to offer mental health services in the community. In-person and virtual visits were made available for mental health consults in the emergency department and on our inpatient units. SLPG partnered to offer outpatient virtual visits to increase the availability of services within our community. The hospital implemented a new service line, Senior Life Solutions to provide more access to behavioral health services for senior citizens. In 2019, the program served 547 patients. This expanded to 2,350 patients served in 2020. COVID-19 restrictions limited the ability to provide group community education for most of 2020 and 2021.

- Initiative: ACH and SLHS will advocate on key health policy issues at the state and national level involving access to behavioral health services, especially for services related to substance abuse.
- Highlighted Impact: ACH and SLHS continued collaboration with local, state, and national partners, such as local chambers of commerce, the Kansas Hospital Association, and other community based organizations. The hospital maintained relationships with policymakers, fostering the environment necessary for positive movement on issues surrounding behavioral health services.

Priority 2: Improved Access to Care

Goal: Improve affordability of health care services for those in Anderson County.

- Initiative: ACH will continue to accept Kansas Medicaid.
- Highlighted Impact: ACH continues to serve patients enrolled in Medicaid programs, allowing many residents to receive health care services that may otherwise prove inaccessible or unaffordable. In 2019, ACH had 23 unique patient encounters with individuals enrolled in Kansas Medicaid. In 2020, ACH had over 20 unique patient encounters with individuals enrolled in Kansas Medicaid.

- Initiative: ACH will continue to offer financial assistance to those who qualify.
- Highlighted Impact: ACH provides financial assistance or free or discounted care to patients who meet SLHS criteria for financial assistance and therefore deemed unable to pay for all or a portion of the service. In 2019, ACH provided $69,232 in financial assistance.

- Initiative: ACH and SLHS will 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.
- Highlighted Impact: ACH and SLHS continued to support efforts around Medicaid expansion as well as increased funding for health care services.

Goal: Improve availability of health care services for those in Anderson County.

- Initiative: As a member of SLHS, ACH has the ability to connect local patients with a range of highly trained physician specialists without the need to leave Garnett. ACH's Specialty Clinic features a wide range of services.
- Highlighted Impact: ACH continued offering access to ACH's Specialty Clinic and other programs.

- Initiative: ACH will leverage technology to increase access to new populations.
- Highlighted Impact: SLHS 24/7 health application continues to connect patients to care, and expansions in telemedicine offerings have increased care.

Priority 3: Increased Access to Physical Activity and Nutrition

Goal: Reduce obesity in Anderson County.

- Initiative: ACH will be engaged in the *Spring into Fitness* program, which is a free program for children of Anderson County focusing on health, exercise and nutrition.
- Highlighted Impact: ACH held *Spring into Fitness* in 2019 on March 14th at Anderson County High School in Garnett, KS. Each participant received a free t-shirt, teddy bear, and snacks. The event served approximately 50 youth in Anderson County, and volunteer time was approximately 40 hours. The planned *Spring into Fitness* 2020 event was unable to occur due to COVID-19 limitations.

- Initiative: ACH will be engaged in the *Women in Training* program, an eight-week training program for women of all ages that offers one-on-one support from fitness and health experts.
- Highlighted Impact: The *Women in Training* program has not been held in Garnett since 2017. ACH identified the need for a change in programming as numbers declined and the volunteer commitments were changing. ACH converted to offering Lunch and Learn educational opportunities, conducted several times per year. Lunch and Learn opportunities have been halted due to COVID-19 at this time.

- Initiative: ACH will continue to host the ACH Family Health Festival, a fun filled day of health for Anderson County residents. Community members will be encouraged to participate in a free event featuring health screenings and education.
- Highlighted Impact: The Family Health Festival was held in November 2019 at ACH and offered health-related resources, prizes, and more. Participants were able to tour ACH, visit different departments, and participate in a variety of activities. The event served approximately 100-150 people of all ages from the community, with multiple student and hospital employee volunteers.

Goal: Reduce food insecurity in Anderson County.

- Initiative: ACH will look into screening patients for food insecurity and referrals to the appropriate community resources.
- Highlighted Impact: 358 patients were screened for SDoH (June 2020-Dec 2020), with 119 screening positive for food insecurity. Patients were referred and connected to available food resources.

Contact us

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Download the **SaintLukesKC** app

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