

SAINT LUKE'S COMMUNITY HEALTH NEEDS ASSESSMENT

2015

› Saint Luke's Cushing Hospital



› **Contact us**

Saint Luke's Cushing Hospital

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 **Saint Luke's**
CUSHING HOSPITAL

TABLE OF CONTENTS

Executive Summary_____	3
CHNA Objectives_____	4
Leavenworth County – Community Health Needs_____	4
Key Contributors_____	6
Methodology_____	7
Leavenworth County Demographics_____	9
Health Status Indicators_____	16
Summary of Findings_____	18
Appendix A: Key Contributors_____	36
Appendix B: Healthy People 2020_____	38
References_____	40

Executive Summary

About Saint Luke's Cushing Hospital

Saint Luke's Cushing Hospital is a 54-bed comprehensive health care facility, located in Leavenworth, Kansas. Harriet Cushing opened the hospital in 1894 as one of the first hospitals in northeast Kansas. The full service hospital boasts Leavenworth's only maternity center and nursery and also features 24-hour emergency services, an intensive care unit with electronic monitoring, private patient rooms, orthopedic services, cardiology services, oncology services, digital mammography, outpatient imaging and rehabilitation, a pain management clinic, diabetes education, and physician offices integrated on campus for optimal patient convenience. In 2013, the hospital expanded its Maternity Center & Nursery. In 2014, the hospital remodeled and expanded the emergency department and began upgrades to various components of the hospital and outpatient medical offices. Cushing Hospital aligned with the Saint Luke's Health System in 2001. In 2006, the local board authorized the transfer of the hospital's ownership to Saint Luke's. Now, Saint Luke's Cushing Hospital is an integral part of the Saint Luke's Health System based in Kansas City, Missouri and visitors to the emergency room have access to heart and stroke protocols developed by Saint Luke's Mid America Heart Institute and Saint Luke's Neuroscience Institute. (Saint Luke's, 2015)

Mission

Saint Luke's Cushing Hospital is a faith-based, not-for-profit, locally owned community hospital committed to the highest levels of excellence in providing health care and health-related services in a caring environment. As a member of Saint Luke's Health System, we are committed to enhancing the physical, mental, and spiritual health of the communities we serve.

Vision

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

About Saint Luke's Health System

Saint Luke's Cushing Hospital is part of the Saint Luke's Health System in Kansas City. The health system has 10 hospitals throughout the Kansas City region. The health system also includes home health, hospice, and behavioral health care, as well as multiple physician practices.

Objectives

The Community Health Needs Assessment (CHNA) has three goals:

1. To improve the health of Leavenworth County's residents by identifying the areas of need for Saint Luke's Cushing Hospital and strive to provide an assessment that will serve as a tool for Cushing in its effort to support the community.
2. To satisfy both state and federal requirements by surveying the community for unmet health needs and trends.
3. To develop and facilitate implementation of a strategy to address the priority health issues that are identified within this community health needs assessment.

Community Health Needs Assessment Summary

An effort to understand and create a healthier community requires collaboration and input from many community stakeholders. Through data research and key conversations in the Leavenworth County community, this CHNA pulls together community findings and addresses top health priorities to help improve community health over the next three years.

Community Health Needs

Five primary community health needs for Leavenworth County were determined based upon primary and secondary data. These needs were:

Priority 1: Behavioral Health Care

- Community stakeholders saw behavioral health care as an ongoing community health need in Leavenworth County.
- Local community health center fulfills the needs of the Medicaid population, but the uninsured rarely have access to behavioral health care.
- Research has shown excessive drinking to be a concern in Leavenworth County.

Priority 2: Cardiovascular Disease

- Leavenworth County falls at or below the Kansas average for performance on many types of heart diseases and risk factors including coronary artery disease, heart failure, and high cholesterol.
- Leavenworth County falls below the state and national mean for high blood pressure prevalence
- Mortality from heart disease has improved in Leavenworth County, but still remains above the Kansas average.

Priority 3: Diabetes

- Prevalence of diabetes in Leavenworth County has increased in the last several years and is higher than the Kansas average.
- Diabetic screening and monitoring for Medicare patients in Leavenworth County falls behind the state and national rates.

Priority 4: Access to Care

- There are higher rates of uninsured individuals around the outside boundaries of Leavenworth County.
- The data reveal a shortage of Primary Care Physicians in Leavenworth County.

Priority 5: The Increasing Needs of an Aging Population

- Leavenworth County citizens aged 65 and older is the fastest growing subset of the population, expected to increase by 18% by 2019.
- Growth in this population is relevant due to chronic conditions and comorbidities common to an aging population.

Key Contributors

Hospital Leadership – Cushing Hospital

Adele Ducharme, RN, MSN, MBA, FACHE, Chief Executive Officer

Karin Sundblom, RN, BSN, Chief Nursing Officer

Public Health Collaborators

Jamie Miller, MICT, Leavenworth County Health Department

Community Partners

Nicholas Brockert, MD, Family Medical Physician, on staff at Cushing Saint Luke's

Michael Crow, Attorney, Board Member, Saint Luke's Cushing, Patient, VA Health Care

Amy Falk, Executive Director, Saint Vincent Clinic, a Caritas Clinic

Jodi Fincher, R.N, Administrator and Chief Nursing Officer, Saint John Hospital

Whitney Lozenski, Director of Administration, Alliance Against Family Violence

Sister Vicki Perkins, Sisters of Charity, Executive Director, Interfaith Shelter of Hope

Keith Rickard, MSLCP, MBA, Executive Director, The Guidance Center

Patty Wilmeth, Leavenworth County Council on Aging

Assessment Methodology

Data for the Leavenworth County Community Health Needs Assessment was pulled from various primary and secondary data sources and resources in order to provide the most complete and comprehensive needs assessment possible.

Primary Data

Primary data is predominantly obtained through qualitative input from the community at large. Community perspectives on health were gathered through interviews with key community stakeholders. Interview questionnaires that were customized to various stakeholders (physicians, community, public health, school nurses, business community) were developed to capture qualitative and quantitative responses.

Stakeholders were asked to describe the current health care state of Leavenworth County and explain any vulnerability in the health care services provided.

**It is understood that there are implications associated with having a military base (Fort Leavenworth) in the county, but it should be noted that this data is not analyzed separately, but are included in the overall demographic information as it pertains to the county as a whole.

PRIMARY DATA SOURCES

- Saint Luke's Cushing Hospital Leadership
- Interfaith Shelter of Hope
- Leavenworth County Emergency Medical Services
- Leavenworth County Health Department
- Saint Vincent Clinic
- Alliance Against Family Violence
- The Guidance Center
- Leavenworth County Council on Aging
- Saint John Hospital

Secondary Data

Data assessment is the core function of the CHNA process. Data assessment includes first, the development of a health profile of the county's population. After defining the service area for each hospital organization, analysis is performed on the population distribution. Typically, data is compiled based on the zip codes within each service area. This data is called secondary data. The objective is to obtain a distribution of age, sex, household income, payer mix, etc., all of which help to create an understanding of the social and economic condition of the community. This data is analyzed not only to define the current state but to also recognize if access to care will be a barrier in the future. This process involves an external view of the community utilizing secondary data sources referenced herein.

A health profile of Leavenworth County was developed from a variety of secondary data sources, including but not limited to the U.S. Census Bureau, the Robert Wood Johnson Foundation's County Health Rankings, U.S. Social Security Administration, the State of Kansas Department of Health and Environment, and U.S. Centers for Disease Control and Prevention. The data is organized into broad health vulnerabilities and related health indicators of the county. The data provides a number of comparisons to the state and national level in order to give insight as to how Leavenworth County rates in terms of community health.

To assess the needs of Leavenworth County, several secondary data sources were used including the U.S. Census Bureau, the Hospital Industry Data Institute (HIDI), County Health Rankings from the Robert Wood Johnson Foundation, and the Kansas Department of Health and Environment (KDHE).

Secondary data analysis provided a picture of social demographics, economics, and contributing health factors for Leavenworth County. According to the U.S. Census Bureau, Leavenworth County has a total estimated population of 78,185 (as of July 1, 2013), up from an estimated population of 76,227 in 2010 (an increase of just above 2.5 percent over three years). The majority of the population base falls between the age of 25 and 54 years old.

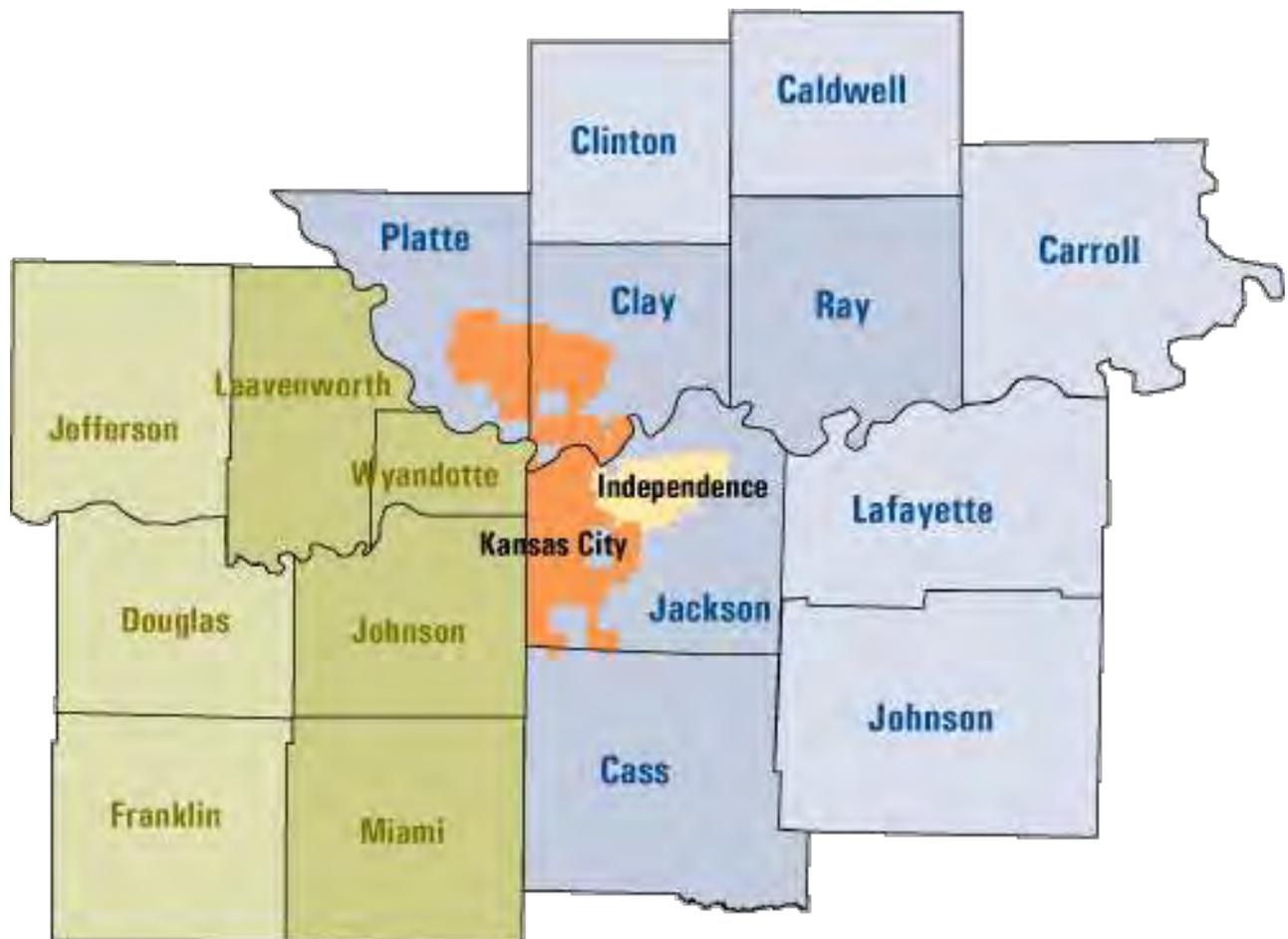
Secondary Data Sources

- County Health Rankings
- CommunityCommons.org
- American Community Survey, U.S. Census Bureau
- Kansas Department of Health and Environment
- Kansas Health Institute
- Missouri Hospital Association
- SG2 Nielsen Population and Demographic Data
- Hospital Industry Data Institute (HIDI)

Community Analysis

Leavenworth County

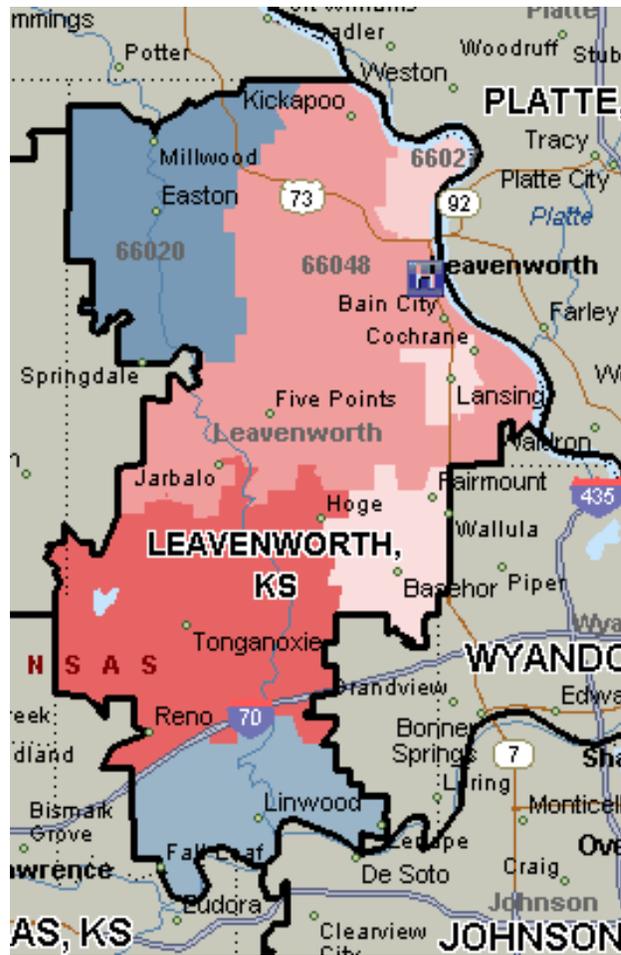
Located in northeast Kansas, Leavenworth County sits adjacent to the Missouri border. According to the U.S. Census Bureau, the county covers 462.83 square miles. The county boundaries sit amidst the eastern and western hills along the Missouri River and the expansive prairie of western Kansas.



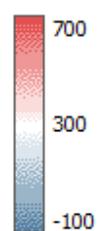
Projected Growth

Leavenworth County population trends reveal a projected increase on par with national trends and nearly doubling the projected percentage increase of the state of Kansas from 2015, looking forward to 2020.

Population size and composition are linked to variables that shift as social and economic conditions evolve.

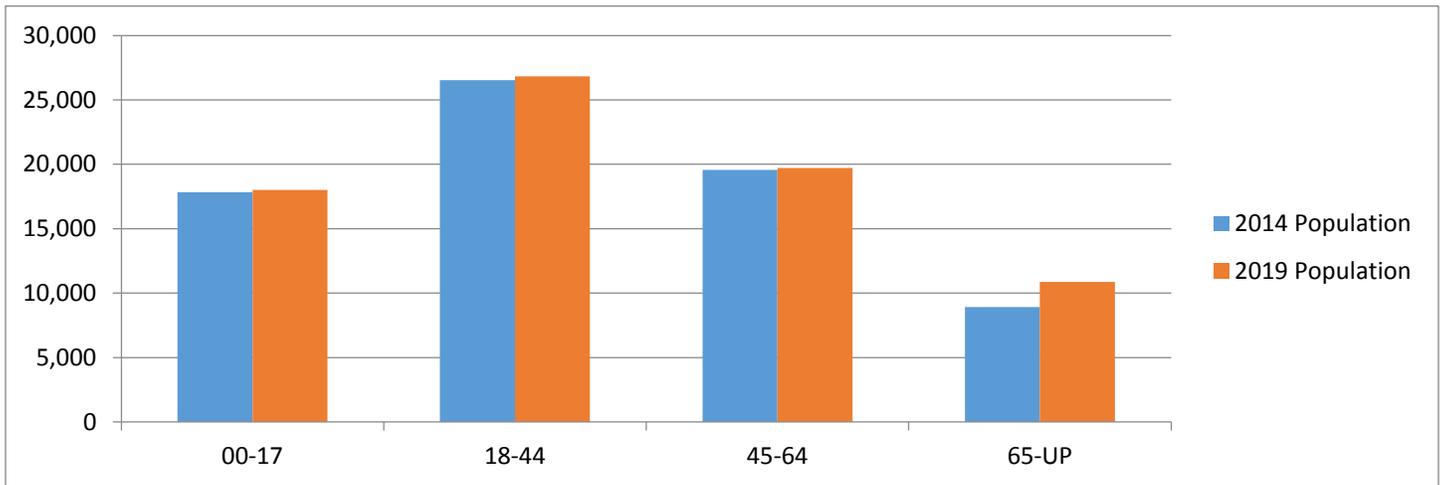


Population Change by ZIP Code



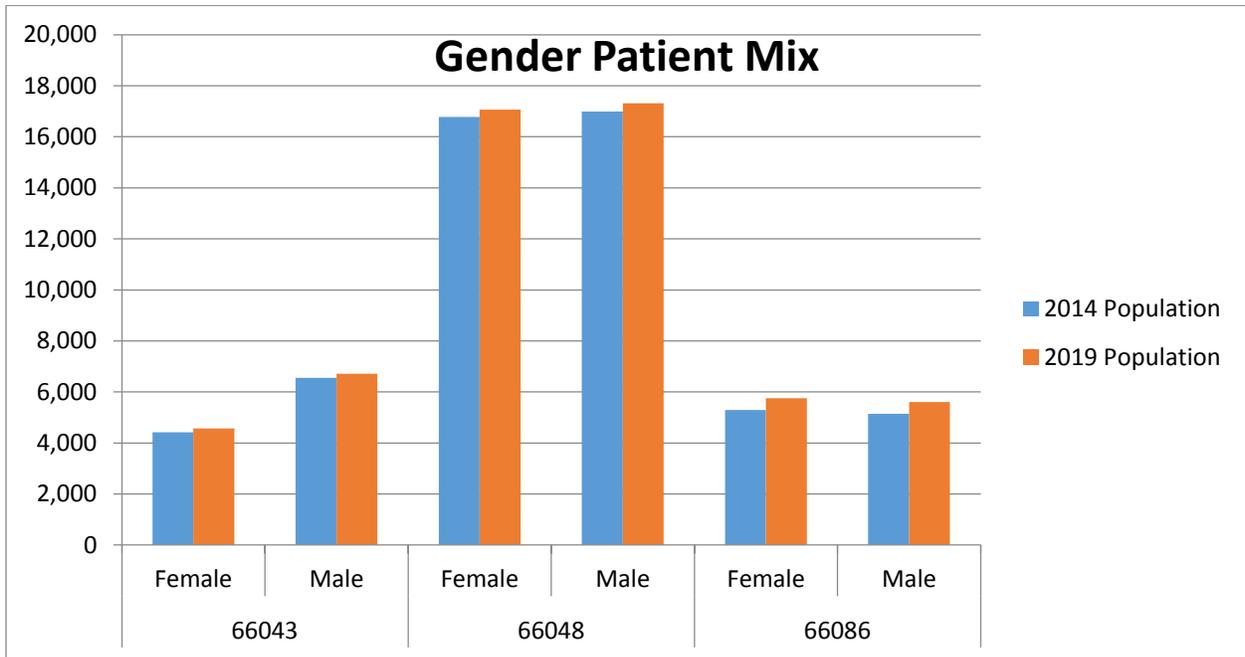
Population by Age

As of 2013 United States Census Bureau statistics, Leavenworth County had a lower percent of community members aged 65 and older as compared to the Kansas state average. However, it should be noted that, as seen in the featured chart, the 65 years and older subset is the fastest growing age group. This is notable due to chronic conditions and comorbidities common to an aging population also seen in Leavenworth County's health outcomes, such as high blood pressure, heart disease, and stroke mortality.



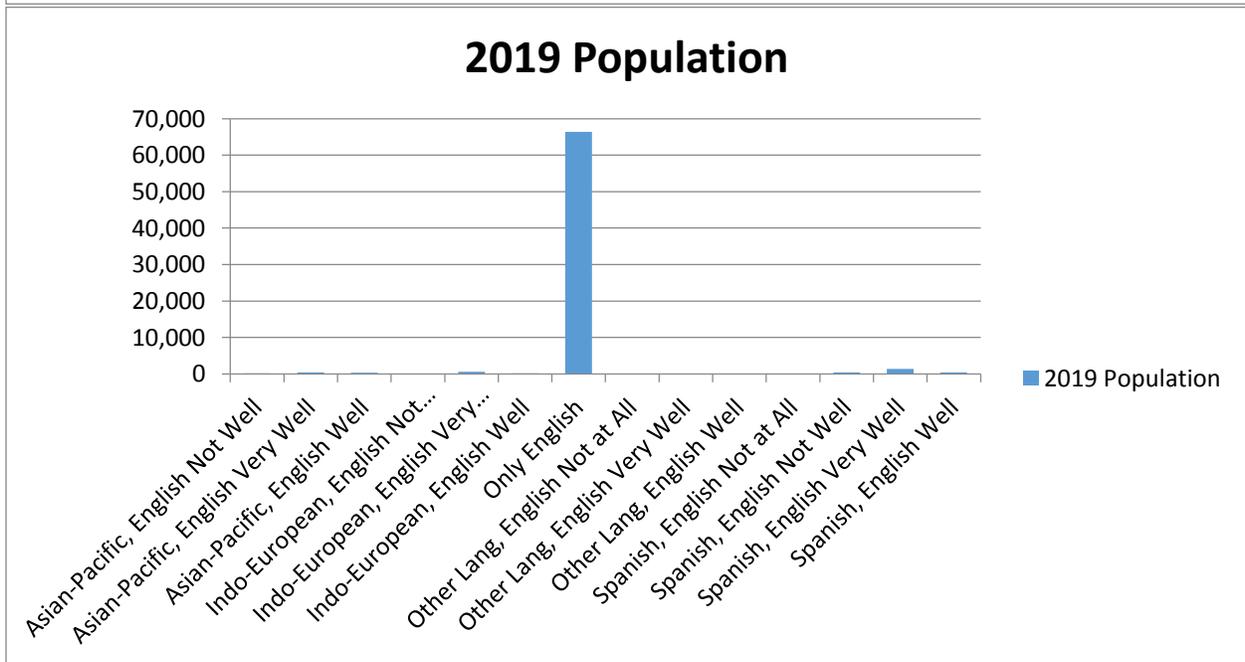
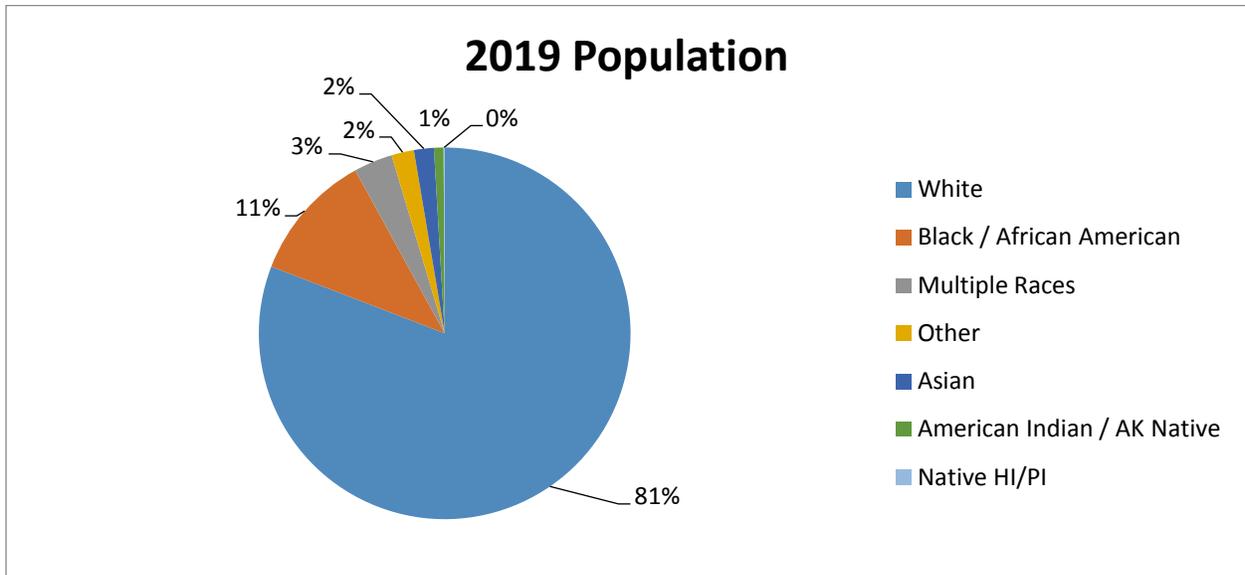
Population by Gender

Though there is generally an even distribution between the male and female gender groups, Leavenworth County has a smaller female population, with 46.6% of the population being female, versus the state average of 50.2%. This disparity is likely due to the higher rate of military members per capita in Leavenworth County, which is a section of the population that is similarly disproportionately male.



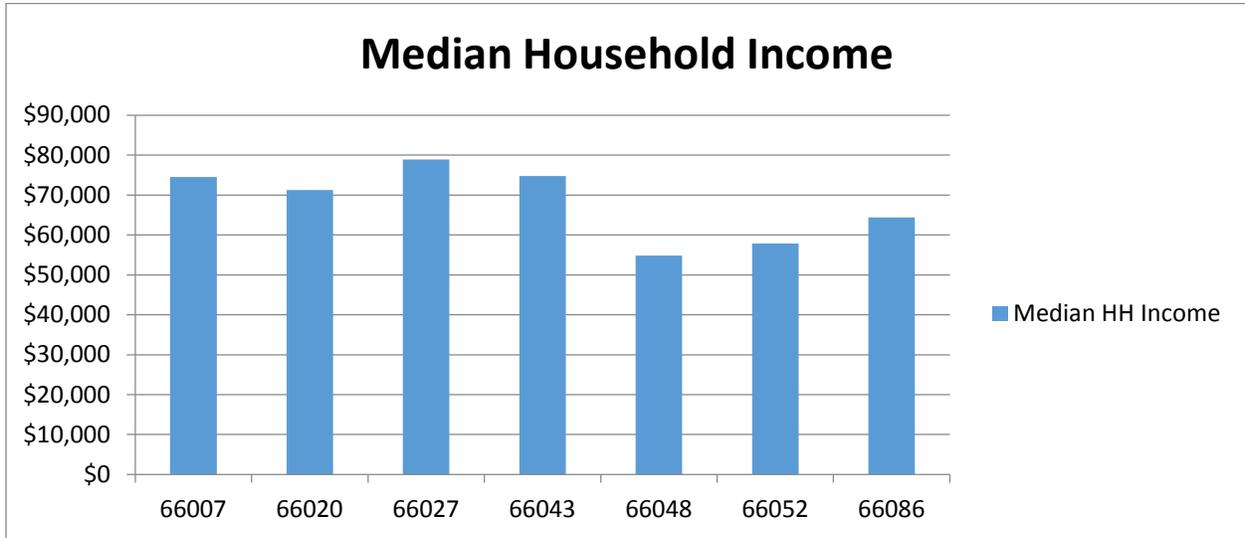
Population by Ethnicity and Nationality

Overall, Leavenworth County features a more diverse population than the state of Kansas at large, with a lower rate of citizens identifying as white-only and a higher than average rate of African-American citizens. The county is largely English language proficient, but does feature a small section of the population that does not speak English as a first or second-language, which can be a troublesome barrier to health care as well as an issue to overcome for community health care providers.



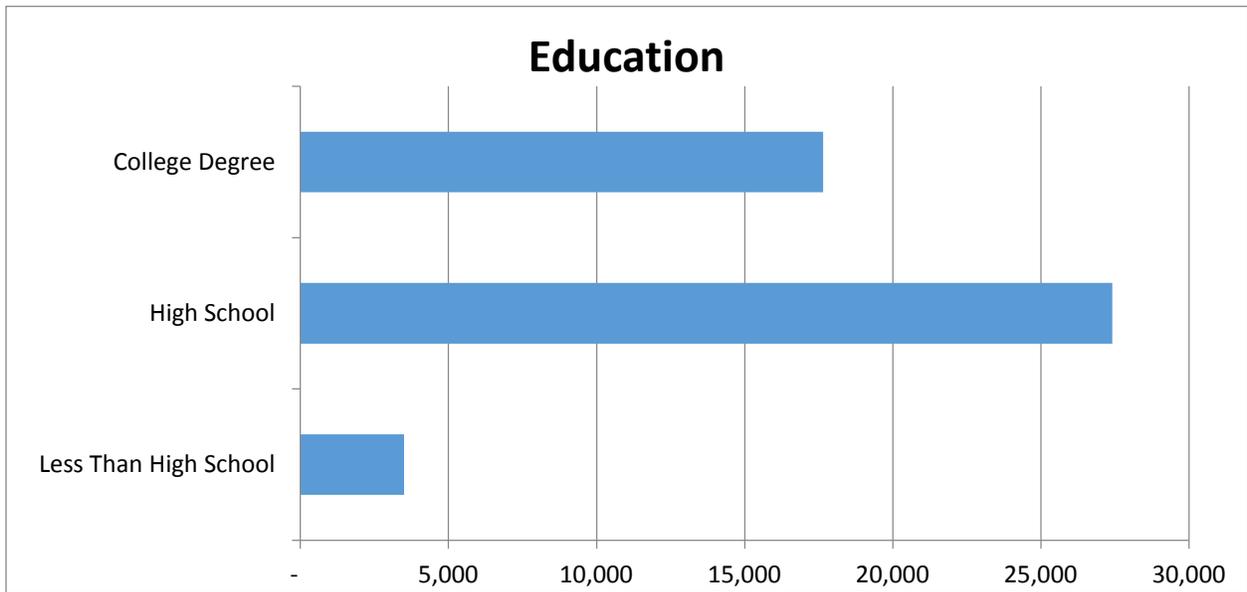
Population Income

Economic factors of a community often correlate with health care access and can also correlate with overall health outcomes. Leavenworth County fairs considerably better in median household income than the state, sitting at a median of \$63,435 per household, compared to the state median of \$51,132. The county has a unique blend of blue-collar working class families in combination with a larger segment of government workers than both the state and national averages, according the United States Census Bureau.



Population Education

As of 2013, 92.1% of Leavenworth County residents 25 years and older, according to the United States Census Bureau, has at least a high school education, with 28.7% of the 25 and older population also holding a bachelor's degree. While the rate of high school education in Leavenworth County is higher than the Kansas state average of 89.8%, the county ranks lower than the state in rate of those over 25 holding a bachelor's degree. This could be a reflection of the presence of a military base and higher than average numbers of stationed active members of the military.



Health Status Indicators

In 2012, according to the Robert Wood Johnson Foundation's *County Health Rankings*, Leavenworth County, Kansas ranked 19th out of 105 counties in overall health outcomes. Three years later that position in overall health outcomes has dropped to 23rd in the state. Analysis of secondary data reveals some negative trending health factors in Leavenworth County, which could be factors contributing to this perceived downward trend in the community's health outcomes. For example, the county experiences higher than state average high blood pressure, obesity, and diabetes rates. These poor health trends ultimately lead to higher rates of premature death, a leading indicator of overall health in the community.

Interviews with various health care providers in the community reveal a general consensus that Leavenworth County lacks specialty providers, primary care coverage, dental resources, safety net clinics, and quality urgent care clinics. The lack of specialty providers is somewhat alleviated by the community's proximity to Kansas City, but this proximity may simultaneously exacerbate this problem because, consequently, a portion of the Leavenworth County population leaves the community to seek treatment and health care services from the KC metro area, which makes it difficult to both provide and sustain specialty provider resources within the community.

In conclusion, Leavenworth County ranked well in 2012 in terms of health care outcomes and still currently ranks well in 2015; however, several identified negative health trends could prove harmful for the community's overall health status in the future.

Benchmark Data

Healthy People 2020

In an effort to guide national health promotion and disease prevention efforts, the U.S. Department of Health and Human Services publishes a set of health goals and objectives with 10-year targets within a report known as Healthy People. The report can be used as a strategic management tool by a variety of entities including the federal government, states, communities, and many other public- and private-sector organizations.

The vision of *Healthy People 2020* is to have a society in which all people live long, healthy lives. To achieve this vision, *Healthy People 2020* encompasses four overarching goals with specific measures that track progress for health issues in specific populations. Reference Appendix A for a listing of goals and objectives. The goals and measures also serve as (1) a foundation for prevention and wellness activities across various sectors and within the federal government, and (2) a model for measurement at the state and local levels. Included with *Healthy People 2020* are 26 specific Leading Health Indicators (LHIs) under 12 overarching topic areas that promote quality of life, healthy behaviors, and healthy development across all life stages. The table in appendix B lists all 12 topic areas and the 26 LHIs.

The CHNA for Saint Luke's Cushing Hospital took into consideration The *Healthy People 2020* goals, measures, and LHIs.

SUMMARY OF FINDINGS
COMMUNITY HEALTH NEEDS

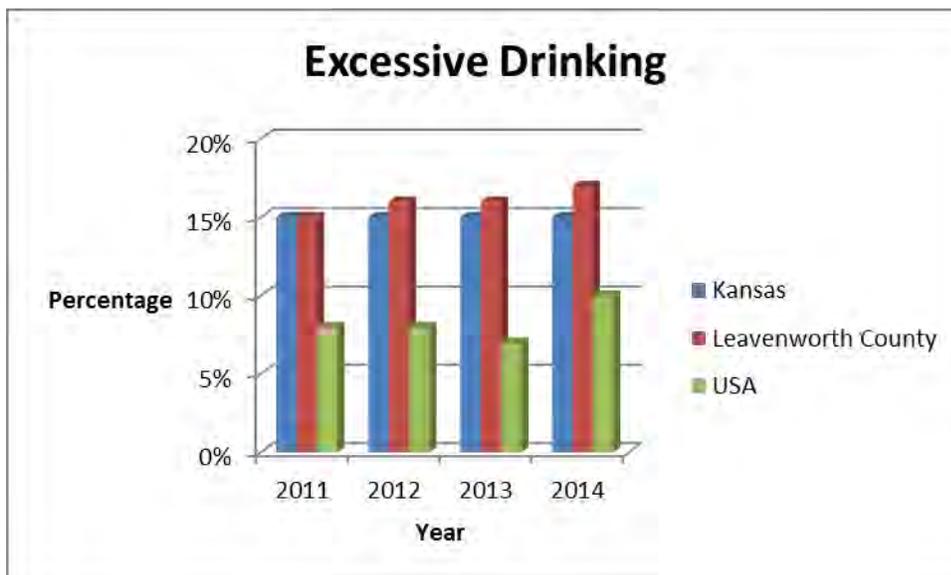
Priority 1: Behavioral Health Care

Overview

Behavioral health care is a term which refers to a continuum of services for individuals at risk of, or suffering from, mental, behavioral, or addictive disorders. These disorders are health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof), and associated with distress and/or impaired functioning. These disorders cause a host of problems that may include personal distress, impaired functioning and disability, pain, or death.

Prevalence

Most community stakeholders saw behavioral health care, including substance abuse treatment, as an ongoing community health need in Leavenworth County. They reported the local community health center fulfills the needs of the population who qualifies for Medicaid, but the uninsured rarely have access to behavioral health care. In addition, research by the Robert Wood Johnson Foundation’s program, County Rankings and Road Maps, found excessive drinking to be a concern in Leavenworth County. In 2014, the percentage of adults residing in the county reporting binge or heavy drinking was 17%, while the national average was only 10%. Substance abuse dependence can lead to premature death. Within the county in 2014, 44% of driving deaths involved alcohol. In Kansas, that overall number is only 33%.



Impact

Unfortunately, comorbidity between mental and medical conditions is the rule rather than the exception (Druss and Walker, 2011). One nationally representative epidemiological survey shows 68% of people with a diagnosed mental disorder report having at least one general medical disorder and 29% of people with a medical disorder had a comorbid mental health condition (Druss and Walker, 2011). Data from analyses of Medicaid claims indicate that more than half of disabled Medicaid enrollees with psychiatric conditions also had claims for diabetes, heart disease or pulmonary disease, substantially higher than rates of these illnesses among persons without psychiatric conditions (Druss and Walker, 2011). Consequently, the impact of the need for more behavioral health care affects the biomedical needs of the Leavenworth community as well.

Available Resources

Leavenworth County has multiple available resources within the community to access behavioral health care. The Guidance Center serves populations who receive Medicaid and those with commercial insurance. They also offer a sliding scale fee for families and individuals with no other way to pay for their care. Services include clinical assessments, group, individual and family therapy, psychosocial education, medication management, outpatient substance abuse evaluation and treatment, and community based support services for both adults suffering from severe and persistent mental illness and children suffering from severe emotional disturbance. The Guidance Center is the only provider of a continuum of behavioral health services for the general Leavenworth community. In addition, Saint John Hospital, the other non-governmental hospital in Leavenworth, offers both outpatient and inpatient behavioral health care services for seniors.

The U.S. Census estimates over 9,800 veterans reside in Leavenworth County. Fortunately, Dwight D. Eisenhower VA Medical Center is located in Leavenworth, KS. This medical facility offers comprehensive inpatient and outpatient behavioral health services. Services include standard behavioral and psychiatric care, programs for homeless veterans, an incarcerated veteran's re-entry program, supportive employment, and vocational programs. Munson Army Health Center is located on Fort Leavenworth, a United States Army Post. Munson provides health care for the 1,884 members of the military and their families who are under age 65 and serve on or are attached to the fort. Both the family medical clinic and the internal care clinic offer behavioral health therapy and medication management.

Priority 2: Cardiovascular Disease

Overview

Cardiovascular diseases are conditions that involve the heart and blood vessels. Heart diseases include coronary artery disease, which is the most common type of heart disease in the United States, heart failure, rhythm disruptions known as arrhythmias, and heart valve complications (About Heart Disease, Centers for Disease Control and Prevention). High blood pressure, also known as hypertension, is by far and away the most common, and costly, disease of the blood vessels.

Since the heart and blood vessels work together to transport blood and oxygen throughout the body, a problem in one part of the system can often lead to complications in other parts. In particular, uncontrolled high blood pressure can stress the heart; and over an extended period of time, it can result in costly, and potentially deadly, heart disease. That is why it is crucial that patients with cardiovascular diseases see their physicians regularly to keep their cardiovascular system in optimal balance and reduce the damage caused by these diseases.

Prevalence

Data from the 2012 National Health Interview Survey show that approximately 26.6 million Americans, or 11.3% of the adult population, have diagnosed heart disease (Heart Disease, Centers for Disease Control and Prevention). Additionally, 32.5% of adults (nearly 77 million Americans) have high blood pressure.

In Leavenworth County, the percentage of adults on Medicare with high cholesterol, coronary artery disease, and heart failure are 42, 28, and 14%, respectively. (Kansas Health Matters: Indicator Comparison Report). All of these measures are either worse than, or comparable to, the Kansas averages. Thankfully, heart failure has steadily declined in Leavenworth County over the past several years. However, high cholesterol, a risk factor for heart disease, has been on the rise.

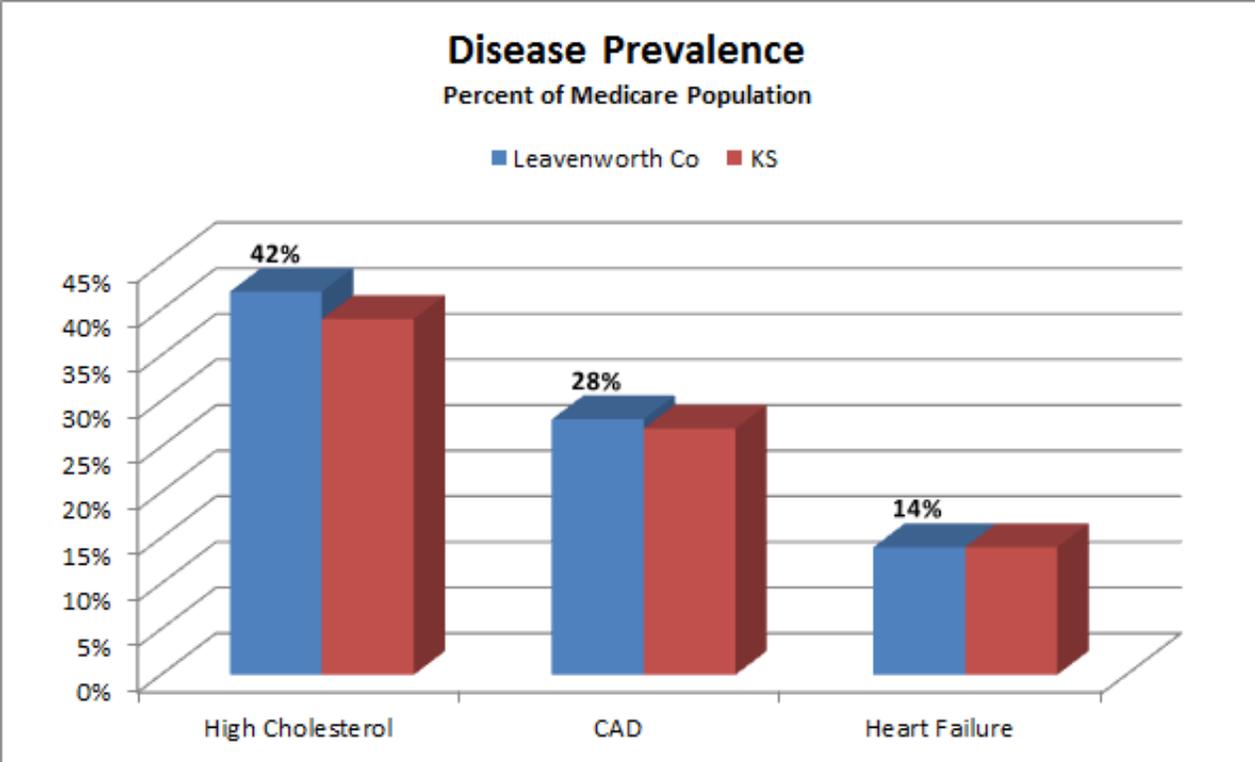


Figure 1: Leavenworth County either meets or exceeds the Kansas average in prevalence for several risk factors and categories of heart disease. Coronary artery disease, CAD.

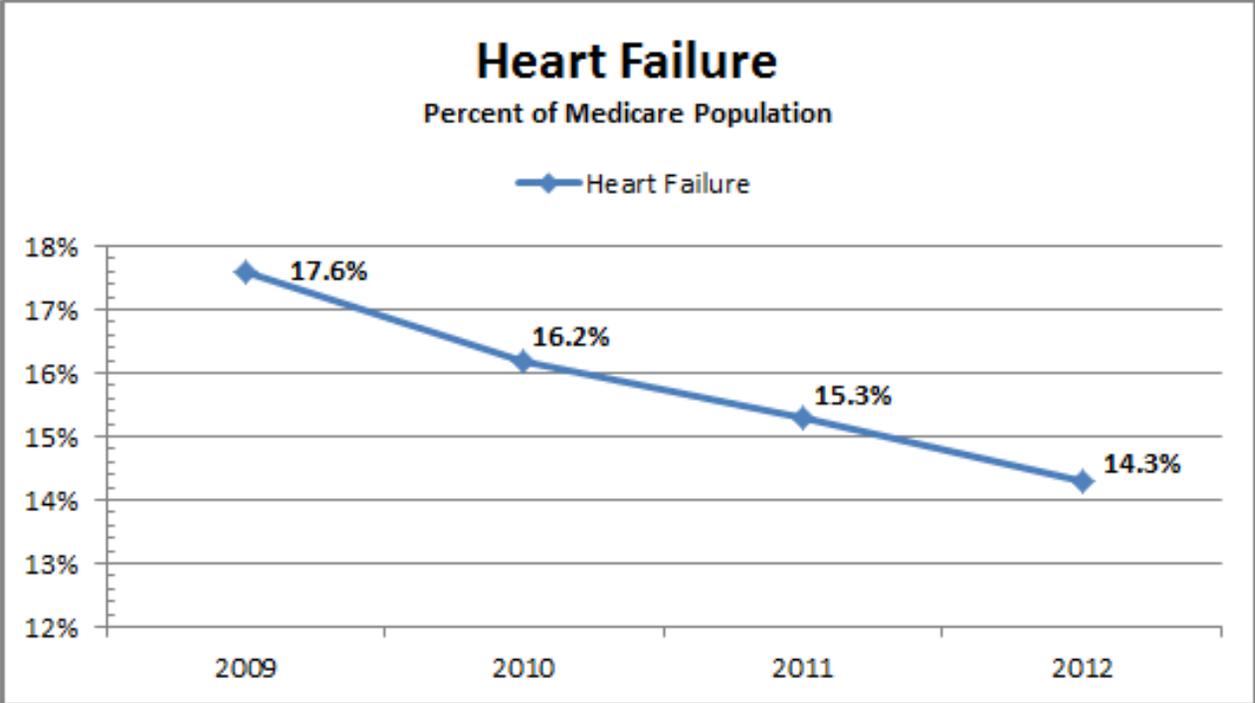


Figure 2: Prevalence of heart failure has steadily declined among the Medicare population in Leavenworth County.

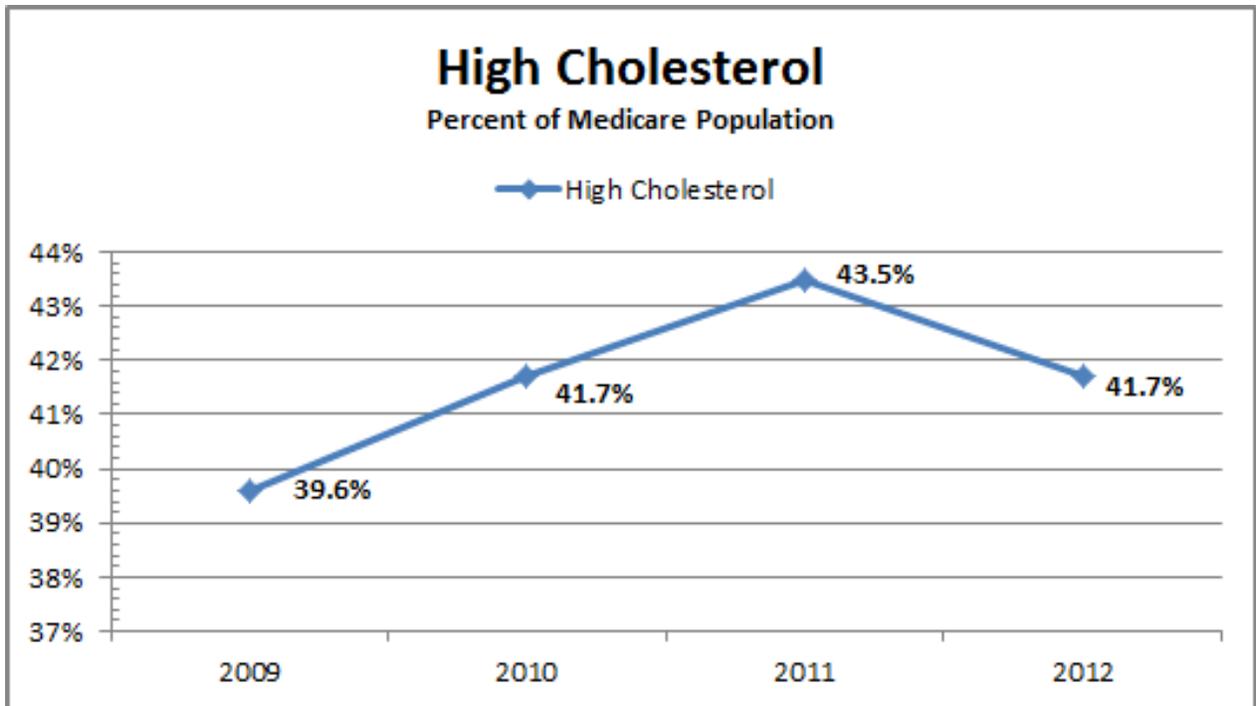


Figure 3: Prevalence of high cholesterol, a major risk factor for heart disease, has risen in Leavenworth County.

In regards to high blood pressure, 33.5% of adults in Leavenworth County had diagnosed high blood pressure in 2013 (up from 32.1% in 2011). This mark is slightly worse than the national percentage, and it falls in the bottom half of Kansas performers (Table 1). In the Medicare population, Leavenworth County is roughly at the Kansas average of 52.6%.

Prevalence of High Blood Pressure Percentage of 2013 Population		
Leavenworth Co	KS	USA
33.5%	31.3%	32.5%

Table 1: Comparison of high blood pressure among Leavenworth County, Kansas (KS), and the United States (USA).

Impact

Heart disease accounts for about 12.4 million physician visits annually, and it is the leading cause of death in the United States, with about 1 in every 4 deaths being attributable to heart disease (Deaths: Final data for 2013 National Vital Statistics Report). Coronary artery disease, which is just one type of heart disease, costs the United States almost \$110 billion dollars each year in medical services, medications, and lost productivity (Heidenrieck 2011). More importantly, the age-adjusted heart disease mortality in the United States is 193.3 deaths every year for every 100,000 citizens.

As a comparison, the age-adjusted heart disease mortality rate for Leavenworth County is 168.2 deaths/100,000 citizens. This measure has steadily declined since 2000 and it is better than the national figure listed above. However, it still falls 8% shy of the Kansas average (156.2 deaths/100,000) which indicates that there is still room for improvement (Figure 4). Additionally, [Healthy People 2020] has a target to lower the proportion of adults with high blood pressure to 26.9%. It is going to require immense effort from all stakeholders, including healthcare providers, to start moving the trend toward this goal.

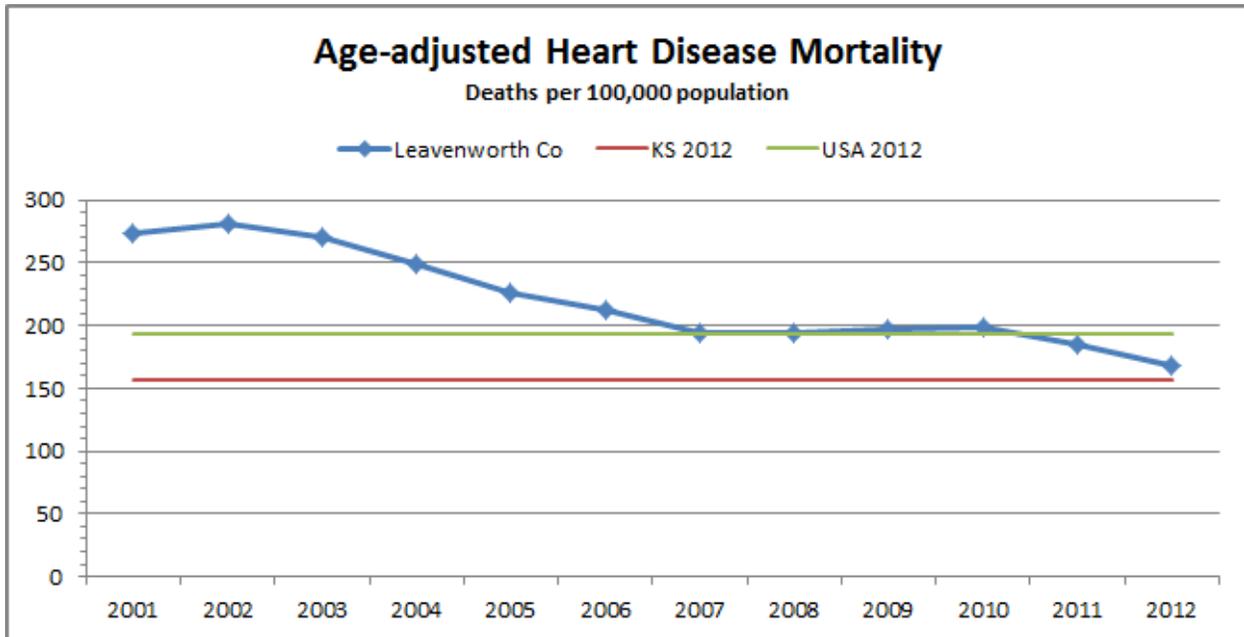


Figure 4: Age-adjusted mortality for heart disease has fallen in Leavenworth County since 2001. It currently falls in between the 2012 age-adjusted heart disease mortality for Kansas (red) and the United States (green).

Available Resources

Cushing is one of four hospitals in Leavenworth County that serve local residents. The other three include Saint John Hospital, the Dwight D. Eisenhower VA Medical Center for qualified veterans, and Munson Army Health Center for those qualified to receive care on Fort Leavenworth. All, except for Munson Health Center, have emergency rooms capable of servicing those suffering life-threatening conditions such as heart attacks and strokes. Cushing, Saint John, and the VA all have cardiologists on staff; and as previously mentioned, those coming to Cushing will be treated with heart and stroke protocols developed by the Saint Luke’s Mid America Heart Institute and Saint Luke’s Neuroscience Institute.

There are several physician groups in the area that provide preventive, as well as specialized cardiac services. These groups include, but are not limited to, Saint Luke’s Medical Group in Lansing and Leavenworth, Leavenworth/Lansing Family Health Center, Associates in Family Health Care in Lansing, Rock Creek Medical Plaza, and Flanner & McBratney. Additionally, Mid America Cardiology Associates has an office in Leavenworth.

Priority 3: Diabetes

Overview

Diabetes is a disease characterized by abnormal amounts of sugar (specifically glucose) within the bloodstream. In individuals without diabetes, the pancreas releases a hormone called insulin that helps the glucose leave the bloodstream and enter cells where it can be used for energy. There are two types of diabetes, commonly referred to as type 1 and type 2. The most common type of diabetes in the United States is type 2 and occurs because the cells develop resistance to the insulin produced by the pancreas. This prevents the glucose from being able to enter the cells, so it is trapped within the bloodstream causing “elevated blood sugars.”

Diabetes has a wide range of negative health effects that can occur overtime if it is not properly controlled. For instance, the pancreas will continue to produce greater amounts of insulin to overcome the resistance. However, eventually the pancreas can fail and require patients to be on expensive insulin regimens. The high levels of sugar can affect small blood vessels in the body which can lead to blindness, kidney failure, and poor circulation in the feet. Also, diabetes’ effect on blood vessels makes it another risk factor for the heart disease described in the previous section.

Prevalence

Data published in Health, United States, 2013 estimates that 11.9% of American adults have diabetes, whether diagnosed or undiagnosed (Centers for Disease Control and Prevention, Diabetes: FastStats). Only 8.5% of the population actually has the diagnosis; therefore, many people are still unaware they have the disease. If you use the 11.9% estimate that means that roughly 27 million adults are affected by diabetes, many of whom also have heart disease as a result.

In 2013, 10.4% of Leavenworth County adults were diagnosed as diabetic (Kansas Health Matters: Indicator Comparison Report). It is difficult to compare this to the national metric. Leavenworth County has a higher percentage with the diagnosis than the national population, yet 10.4% falls below the national estimate of 11.9%. Regardless of this ambiguity, there is still room for improvement. Leavenworth County is doing worse than the Kansas average of 9.6% of adults. Additionally, the percentage of medicare patients with diabetes has held steady near 25% for several years, but falls behind when compared to other Kansas counties (Table 2).

Prevalence of Diabetes Percentage of Population		
	Leavenworth Co	KS
All Adults	10.4%	9.6%
Medicare Population	24.9%	24.6%

Table 2: Leavenworth County falls behind the Kansas average for diabetes prevalence.

Impact

The percentage of Leavenworth County adults with diabetes rose sharply from 8.7% in 2011 to the 2013 mark of 10.4%. This alarming trend could possibly be the result of more people getting screened and monitored for diabetes at doctors visits. This possible cause seems to be supported by the fact that Leavenworth County is improving in regards of diabetic surveillance (Figure 5). (County Health Rankings & Roadmaps: Building a Culture of Health, County by County, Diabetic monitoring).

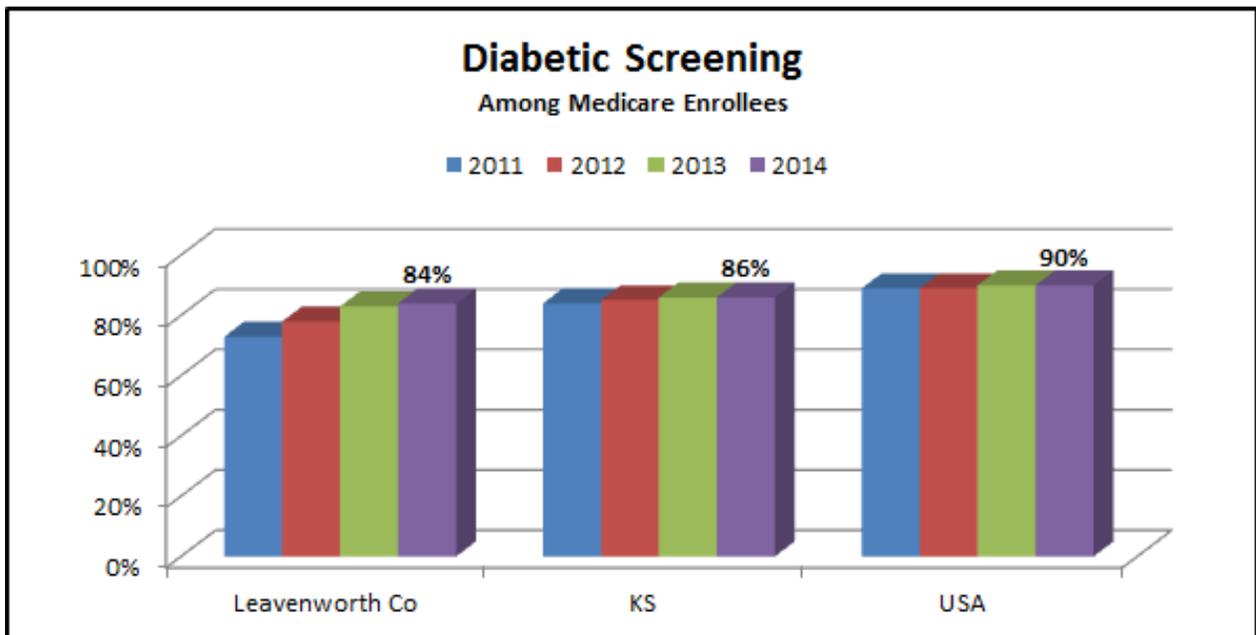


Figure 5: Leavenworth County is closing the gap when it comes to screening and monitoring Medicare patients for diabetes.

The increase in screening and monitoring is important because undiagnosed and uncontrolled diabetes can have dire physical, emotional, and financial consequences. Damage to the kidneys can often lead to debilitating and costly dialysis. Diabetic foot ulcers are common and can easily lead to infections requiring hospital stays, intensive wound healing regimens, or even amputations. Additionally, diabetes is detrimental to the heart and blood vessels and frequently leads to heart attacks and strokes. Diabetes was the primary reason for 37.3 million

clinic and emergency room visits in 2010 and cost an estimated \$176 billion in 2012. Finally, diabetes is the seventh leading cause of death in the United States, and this is before you consider its contribution to heart disease (the leading cause) and stroke (third leading cause).

Available Resources

As previously mentioned, emergency services are provided by Cushing, Saint John and the VA Medical Center in Leavenworth. In regards to diabetes, these services can help treat extreme highs and lows of blood sugars as well as many other emergencies that manifest because of diabetes, including kidney failure, heart attacks, and strokes.

For the prevention or management of diabetes, many of the physician groups listed in the heart disease section will also help patients navigate their diabetes. Additionally, Cushing provides diabetic care and education classes about the disease. Munson Army Health Center provides internal medicine services that encompass diabetes treatment. And, the Leavenworth County Council on Aging offers diabetic education and support groups.

Priority 4: Access to Care

Overview

Access to health services is a national, state, and local priority. Economic and social factors like poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Deficiencies in these areas can be associated with poor health. Ensuring access to social and economic resources provides a foundation for a healthy community.

[*Healthy People 2020*] includes access to health services as one of the main objectives and Leading Health Indicators (LHIs), see appendix A and B. [*Healthy People 2020*] set a target of 100% medical insurance coverage. Lack of adequate medical coverage makes it difficult for people to get the health care they need. Without the proper health insurance, individuals are less likely to receive medical care, more likely to die early, more likely to have poor health status, and if they do seek medical attention they carry the heavy burden of expensive medical bills.

Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population. One of the main goals of the Affordable Care Act of 2010 was to expand health insurance coverage to uninsured Americans. Most of the coverage provisions of the ACA went into effect in 2014. These provisions include the expansion of Medicaid for adults with incomes at or below 138% of the federal poverty level (applicable in states that expanded Medicaid), building on employer-based coverage, and providing tax subsidies to qualifying individuals in order to make private insurance more affordable. Kansas is one of the states that has not expanded Medicaid.

Primary care providers (PCPs) play an important role in protecting the health and safety of the communities they serve. Adequate access to primary care can improve care coordination and reduce the frequency of avoidable hospitalizations. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a PCP is associated with better trust, communication, and increased likelihood that patients will receive appropriate care.

Prevalence

The lack of health insurance is considered a key driver of health status because lack of insurance is a primary barrier to health care access including regular primary care, specialty care, and other health services that contributes to poor health status. A higher percentage of the Leavenworth County population has medical insurance coverage when compared to state and national coverage rates. The table below shows the percentage of the total non-institutionalized population that does not have health insurance coverage.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Leavenworth County, KS	69,544	6,638	9.55%
Kansas	2,808,883	357,785	12.74%
United States	306,448,480	45,569,668	14.87%

Percent Uninsured Population



Note: This indicator is compared with the state average.
Data Source: US Census Bureau, [American Community Survey](#). Source geography: Tract

Not all of Leavenworth County experiences the same degree of medical coverage. The map below shows that there are higher rates of uninsured individuals around the outside boundaries of Leavenworth County. The areas to the north, northeast, and south experience uninsured rates between 10.1 and 15.0%. There is one area in the northeast region of the county that has the highest uninsured rate, falling between 15.1 and 20.0%. The core of Leavenworth county has uninsured rates under 10.1%.

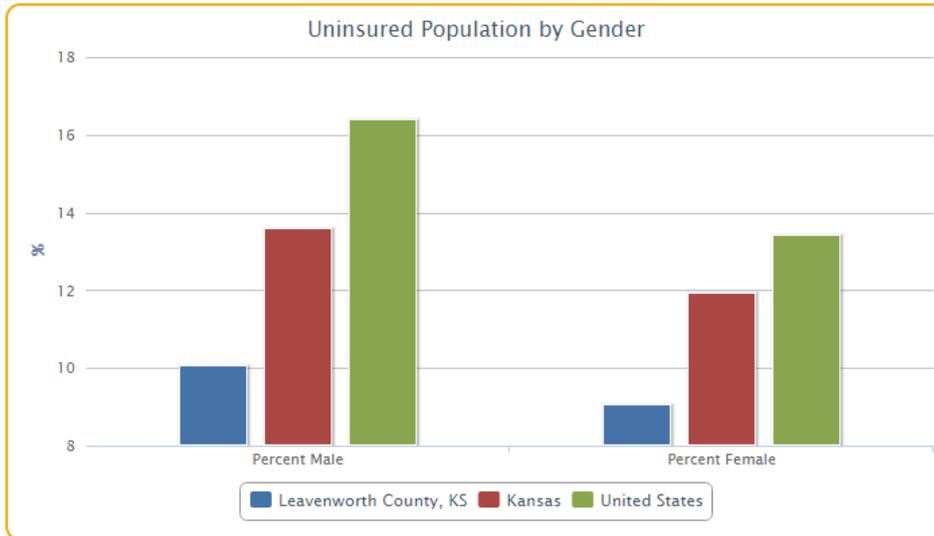


Uninsured Population, Percent by Tract, ACS 2009-13



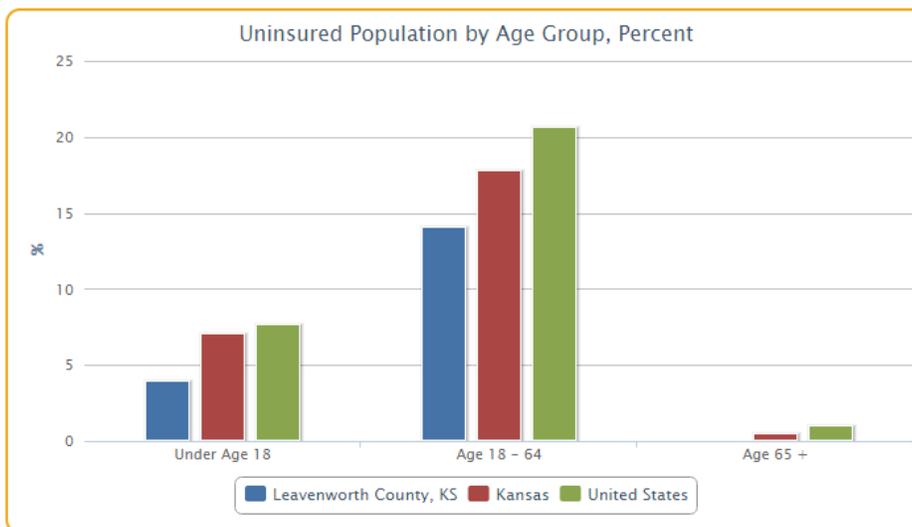
Uninsured Population by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Leavenworth County, KS	3,422	3,216	10.06%	9.05%
Kansas	188,073	169,712	13.59%	11.91%
United States	24,500,364	21,069,298	16.38%	13.43%



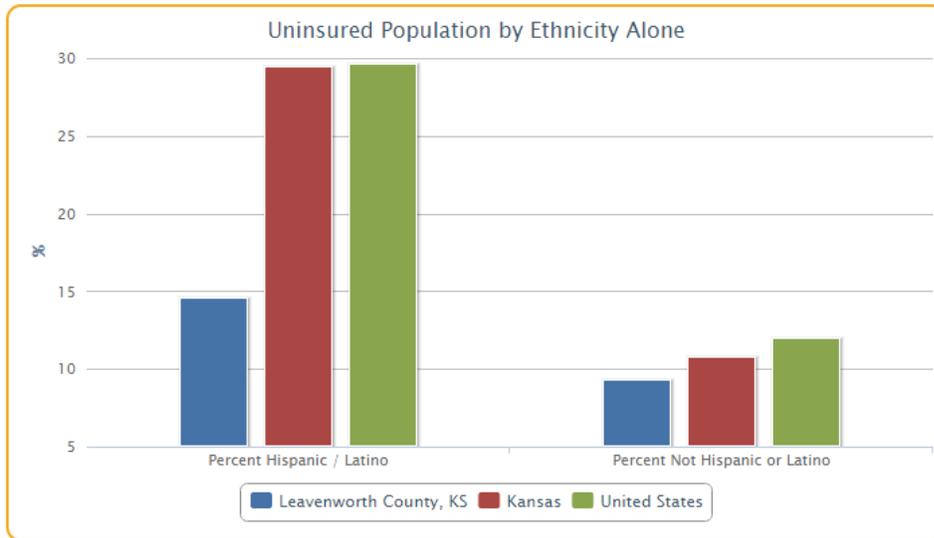
Uninsured Population by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65 +
Leavenworth County, KS	3.97%	14.02%	0%
Kansas	7.06%	17.75%	0.46%
United States	7.61%	20.59%	0.97%



Uninsured Population by Ethnicity Alone

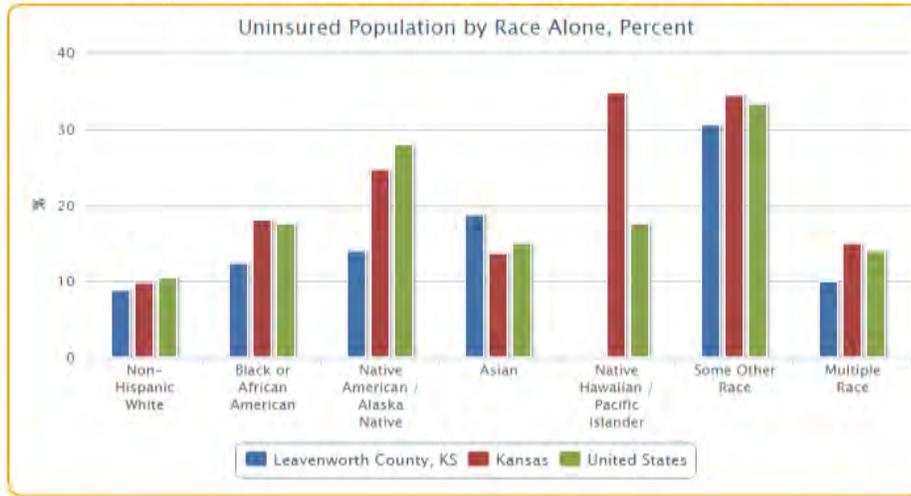
Report Area	Total Hispanic / Latino	Total Not Hispanic / Latino	Percent Hispanic / Latino	Percent Not Hispanic or Latino
Leavenworth County, KS	497	6,141	14.53%	9.29%
Kansas	88,990	268,795	29.4%	10.73%
United States	15,127,729	30,441,940	29.62%	11.92%



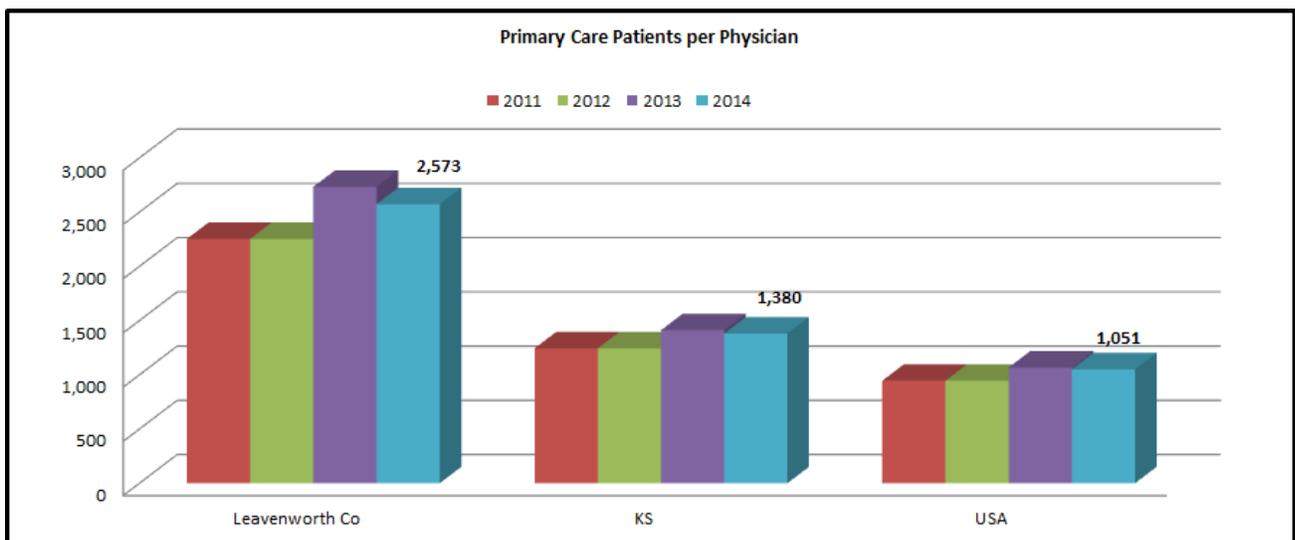
Medical insurance coverage among races appears to be consistent with the overall coverage rates with the exception of Asians. According to the table below, nearly 20% of individuals who identify themselves as Asians are uninsured in Leavenworth County. This percentage is higher than the state and national rates.

Uninsured Population by Race Alone, Percent

Report Area	Non-Hispanic White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Leavenworth County, KS	8.81%	12.46%	13.95%	18.7%	0%	30.57%	10.02%
Kansas	9.85%	18.01%	24.73%	13.69%	34.69%	34.46%	14.93%
United States	10.42%	17.52%	27.92%	14.95%	17.6%	33.22%	14.07%

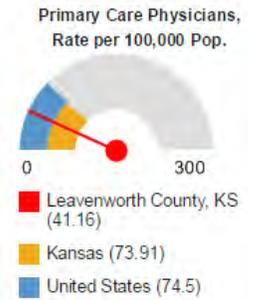


Data show that there is a significant shortage of primary care physicians (PCPs) in Leavenworth County. There are approximately 2,500 patients per physician in Leavenworth County. This is over 1,000 patients above the average in Kansas and over 1,500 more patients than the national average. Between 2011 and 2014, the PCP shortage continued to worsen. At a state and national level, PCPs have seen an increase of 11% in the number of patients per physician whereas in Leavenworth County, the number of patients per physician has increased by 14%.



Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Leavenworth County, KS	77,739	32	41.16
Kansas	2,885,905	2,133	73.91
United States	313,914,040	233,862	74.5

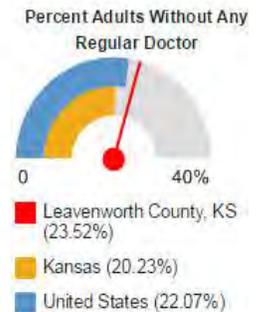
Note: This indicator is compared with the state average.
 Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#).
 Source geography: County



The indicator below reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important in preventing major health issues and emergency department visits.

Report Area	Survey Population (Adults Age 18+)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Leavenworth County, KS	47,403	11,147	23.52%
Kansas	2,136,402	432,196	20.23%
United States	236,884,668	52,290,932	22.07%

Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES.
 Source geography: County



Impact

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

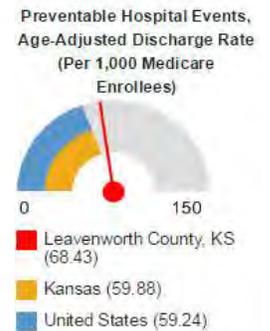
Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Further cementing the impact of access to health care is the rate of avoidable discharges for ambulatory care sensitive (ACS) conditions. The following indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ACS, which include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by patients. In Leavenworth County, there is a higher discharge rate for ACS conditions than is reported for the state of Kansas and the United States as a whole. This indicator is relevant because analysis of ACS

discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

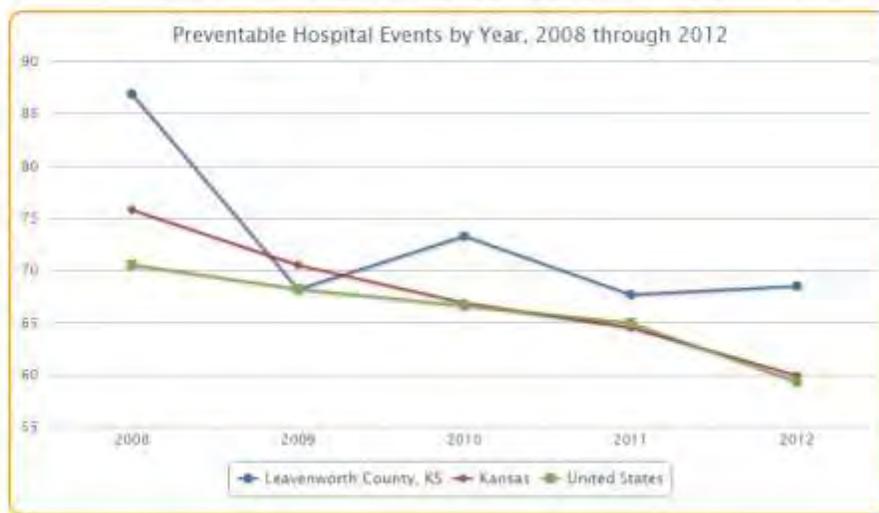
Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Leavenworth County, KS	8,253	564	68.43
Kansas	328,509	19,671	59.88
United States	58,209,898	3,448,111	59.24

Note: This indicator is compared with the state average.
 Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#). Source geography: County



Since 2008, the discharge rate for ACS conditions has continued to decline at the county, state, and national level. However, Leavenworth County continues to lag behind. The gap between state and national rates continue to rise.

Report Area	2008	2009	2010	2011	2012
Leavenworth County, KS	86.85	68.15	73.24	67.63	68.46
Kansas	75.74	70.46	66.85	64.47	59.88
United States	70.5	68.16	66.58	64.92	59.29



Available Resources

Saint Vincent Clinic is the only safety net clinic in Leavenworth County. In order to qualify for services, patients must have no insurance, not even Medicaid or Medicare, have incomes at or below 175% of the federal poverty level, and reside in Leavenworth County. Their central focus is to improve the health of people who otherwise would not receive care. Saint Vincent Clinic is

a doctor's office serving the residents of Leavenworth County who are uninsured and low-income. The clinic provides urgent care, the diagnosis of common health concerns and minor injuries, laboratory and radiology services, preventive care services, and chronic disease management. In addition, Saint Vincent provides patient education programs, access to medications, and routine refills through pharmaceutical company programs and through vouchers to local pharmacies. Other services include subsidized vision and dental care referrals and referrals to social service agencies for help with critical needs.

While not a true safety net clinic, the Leavenworth County Health Department provides preventive health services to any Leavenworth County resident regardless of his or her ability to pay. These services include basic physicals, family planning services, prenatal care, immunizations, and testing, treatment, and education for sexually transmitted diseases.

In addition, since the last Community Health Needs Assessment in 2012, Saint Luke's Cushing has helped establish additional specialty providers in the community. They have added a new Obstetrician/Gynecologist, Podiatrist, Dermatologist, and they have increased their ability to provide cardiopulmonary care.

Priority 5: Increasing Needs of an Aging Population

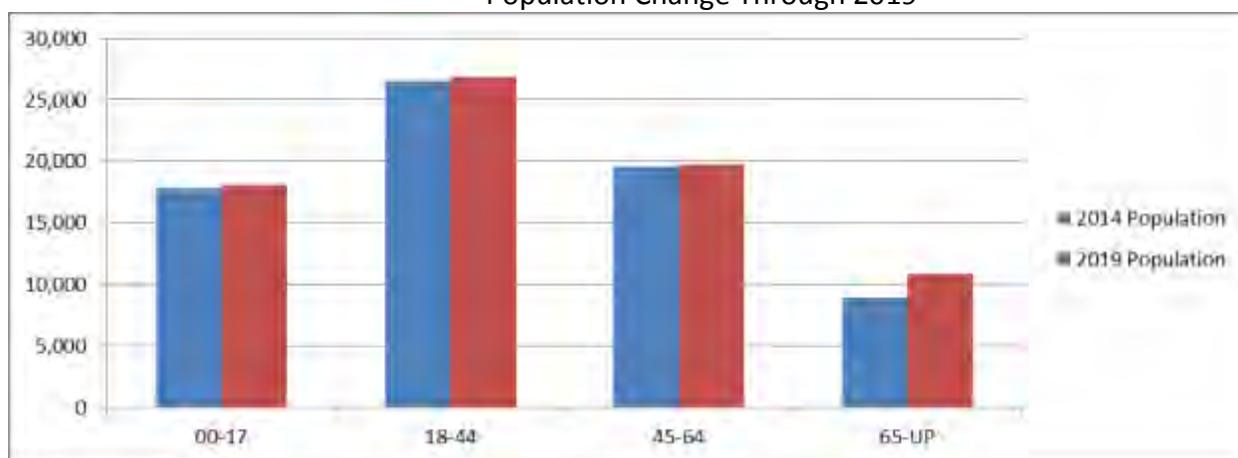
Overview

Older adults are among the fastest growing age groups, and the first “baby boomers” (adults born between 1946 and 1964) will turn 65 in 2011. More than 37 million people in this group (60%) will manage more than one chronic condition by 2030 (Healthy People 2020).

Prevalence

Both primary and secondary data indicate the health needs of a growing aging population should be considered a priority health need for the Leavenworth community. While the majority of the current population falls between the age of 25 and 54 years old, the population of those 65 years and older is the fastest growing group, expected to increase by 18% by 2019.

Population Change Through 2019



Impact

As noted earlier, this is relevant due to chronic conditions and comorbidities common to an aging population also seen in Leavenworth County’s health outcomes, such as hypertension, heart disease, and stroke mortality. If the growing aging population cannot meet their chronic health needs, this may result in a decline of population health and increased health costs within the community.

Available Resources

Leavenworth County offers various resources to support their aging population. Community stakeholders indicate more resources are needed, especially in the areas of dental care and prescription medication assistance. The Leavenworth County Council on Aging offers diabetic education and support groups. They also have an “Ask a Nurse” program that occurs monthly on a walk-in basis. Anyone in the community over age 60 is able to come in and have a one-on-one discussion with a geriatric-specialty nurse regarding their health concerns or questions. The council offers Alzheimer’s caregivers support groups. The agency also offers numerous exercise programs for those over 60 and many social activities that meet on a weekly basis which facilitate social interaction which helps maintain good health.

Saint John Hospital offers both inpatient and outpatient behavioral health programs for senior citizens. The Dwight D. Eisenhower VA medical center in Leavenworth offers a variety of services for the elderly veteran population. They have a nursing home care unit where patients are admitted for up to 90 days in order to provide restorative care, palliative care, and respite for caregivers or to stabilize geropsychiatric problems. They also offer physical medicine and rehabilitation services and robust home and community based care, including telehealth, which can be especially successful in monitoring common chronic health needs. Both hospitals offer medical care specific to many of the chronic health conditions from which the elderly suffer.

Unfortunately, no known local resources exist for free or low cost preventive dental care. While the elderly population qualifies for Medicare, many cannot afford the co-pays for their medication. Most have too much insurance coverage or income to qualify for prescription assistance from the local safety net health clinic.

Appendix A

Adele Ducharme, RN, MSN, MBA, FACHE, Chief Executive Officer

Adele Ducharme has been the Chief Executive Officer at Cushing since the retirement of Susie Beying in December 2010. Before that, she was the Chief Nursing Officer and was also Vice President of patient care at Brown County Regional Healthcare in Georgetown, Ohio. She began her career with 13 years at Providence St. Peter Hospital in Olympia, Wash., initially as a staff nurse. She eventually working her way up to critical care nurse manager. Ducharme holds bachelor's and master's degrees in nursing from Saint Martin's College and a master's degree in business administration and health care from the University of Phoenix.

Karin Sundblom, RN, BSN, Chief Nursing Officer

Karin is a graduate of the 2013 Kansas Hospital Association Leadership Institute. She is currently attending the University of Saint Mary to obtain her MSN. Karin is a native to Lansing, Kansas.

Jamie Miller, MICT, Leavenworth County Health Department

Jamie Miller has been with the Leavenworth County Health Department since 1996. He was made the Director of Emergency Medical Services for Leavenworth County in 2005. Jamie is a Chicago native who came to Leavenworth through the United State's Army.

Nicholas Brockert, MD, Family Medical Physician, on staff at Cushing Saint Luke's

Dr. Brockert attended Vassar College and the University of Kansas School of Medicine and completed his residency at the Research Family Medicine Program. He has been in practice for 9 years and has a private practice in Lansing, Kansas.

Michael Crow, Attorney, Board Member, Saint Luke's Cushing, Patient, VA Health Care

After graduating from Baker University, Michael Crow entered the Army as a Private. He was commissioned as a 2nd Lieutenant in the Infantry and served as a Platoon Leader. Mr. Crow was severely injured in a helicopter crash near the Cambodian border in the Vietnam war. Michael Crow spent 8 months hospitalized at VA and Army hospitals. Eventually, he was transferred to Topeka to receive outpatient services and attend Washburn University School of Law. Mr. Crow has served in the Kansas House of Representatives and served as the city attorney for Tonganoxie, Kansas. He served a year as the president of the Kansas Bar Association and is licensed to practice law in both Kansas and Missouri. He has been practicing law for more than 37 years.

Amy Falk, Executive Director, Saint Vincent Clinic, a Caritas Clinic

Amy Falk has served as executive director of Caritas Clinics, Inc. since February 2006 and has been involved with Caritas Clinics since 1989. As Executive Director, Ms. Falk has overall responsibility for planning, directing and evaluating all clinic activities. Ms. Falk is a leader in the metro-area safety-net community. She plays an active role in the Mid-America Regional Council (MARC) safety-net collaboration and the Health Councils of Wyandotte and Leavenworth Counties. Since 2007, she has been a board member and served on the legislative committee of the Kansas Association for the Medically Underserved.

Jodi Fincher, R.N, Administrator and Chief Nursing Officer, Saint John Hospital

Jodi Fincher, a native of Garden City, Kansas, has been employee of Saint John since 1988. She began her nursing career at Saint John as a nurse tech in the emergency services department. Since that time, Jodi has served Saint John and its affiliate, Providence Medical Center, in a wide range of nursing roles, including as a director and a supervisor. She has been Chief Nursing Officer at Saint John Hospital Inc since April 18, 2013.

Whitney Lozenski, Director of Administration, Alliance Against Family Violence

Whitney grew up in Leavenworth County and attended Washburn University, obtaining a degree in Human Services. She remains involved in the community as a girls' volleyball coach at Pleasant Ridge High School, in addition to her role as the Director of Administration at the Alliance Against Family Violence.

Sister Vicki Perkins, Sisters of Charity, Executive Director, Interfaith Shelter of Hope

Sister Vickie Perkins was born in Dodge City, KS. She moved to Kansas City with her mother and sister after her father passed away. Sister Vickie attended St. Mary School and Archbishop Hogan High School, both run by Sisters of Charity of Leavenworth. She entered the Sisters of Charity Leavenworth Community right after high school. Sister Vickie spent most of her career involved in parochial education in urban schools. She helped found Cristo Rey High School in Kansas City in 2006 and spent 6 years with the school. She helped establish the Interfaith Shelter of Hope in December 2014.

Keith Rickard, MSLCP, MBA, Executive Director, The Guidance Center

Keith Rickard has been the Executive Director of the Guidance Center for 25 years. He grew up in Kansas City, Missouri. He has served on the board for Community Corrections in Leavenworth County and as the secretary for the Association of Community Mental Health Centers of Kansas.

Patty Wilmeth, Leavenworth County Council on Aging

Patty provides social services and education assistance. She coordinates the Alzheimer's caregiver's support group in association with the Alzheimer's Association and the Council on Aging.

Danielle D. Jones, Health Promotion Officer, Fort Leavenworth, KS

Danielle is responsible for coordinating and planning, organizing and implementing comprehensive health promotion processes based on initiatives to enhance readiness and resiliency for Soldiers, DA Civilians, Family Members and Retirees. She Coordinates the implementation of the health promotion, risk reduction and suicide prevention programs, interprets guidelines and Army regulations, provides subject matter expertise and input for policy recommendations and coordinates with professionals from higher headquarters, tactical units, military treatment facilities, and resource personnel in the military and civilian community.

Appendix B

Overarching Goals of <i>Healthy People 2020</i>	Foundation Measures Category	Measures of Progress
Attain high quality, longer lives free of preventable disease, disability, injury, and premature death	General Health Status	<ul style="list-style-type: none"> • Life expectancy • Healthy life expectancy • Physical and mental unhealthy days • Self-assessed health status • Limitation of activity • Chronic disease prevalence • International comparisons <i>(where available)</i>
Achieve health equity, eliminate disparities, and improve the health of all groups	Disparities and Inequity	Disparities/inequity to be assessed by: <ul style="list-style-type: none"> • Race/ethnicity • Gender • Socioeconomic status • Disability status • Lesbian, gay, bisexual, and transgender status • Geography
Create social and physical environments that promote good health for all	Social Determinants of Health	Determinants can include: <ul style="list-style-type: none"> • Social and economic factors • Natural and built environments • Policies and programs
Promote quality of life, healthy development, and healthy behaviors across all life stages	Health-Related Quality of Life and Well-Being	<ul style="list-style-type: none"> • Well-being/satisfaction • Physical, mental, and social health-related quality of life • Participation in common activities

Leading Health Indicators

12 Topic Areas	26 Leading Health Indicators
Access to Health Services	<ul style="list-style-type: none"> Persons with medical insurance Persons with a usual primary care provider
Clinical Preventive Services	<ul style="list-style-type: none"> Adults who receive a colorectal cancer screening based on the most recent guidelines Adults with hypertension whose blood pressure is under control Adult diabetic population with an A1c value greater than 9 percent Children aged 19 to 35 months who receive the recommended doses of diphtheria, tetanus, and pertussis (DTaP); polio; measles, mumps, and rubella (MMR); Haemophilus influenza type b (Hib); hepatitis B; varicella; and pneumococcal conjugate (PCV) vaccines
Environmental Quality	<ul style="list-style-type: none"> Air Quality Index (AQI) exceeding 100 Children aged 3 to 11 years exposed to secondhand smoke
Injury and Violence	<ul style="list-style-type: none"> Fatal injuries Homicides
Maternal, Infant, and Child Health	<ul style="list-style-type: none"> Infant deaths Preterm births
Mental Health	<ul style="list-style-type: none"> Suicides Adolescents who experience major depressive episodes (MDEs)
Nutrition, Physical Activity, and Obesity	<ul style="list-style-type: none"> Adults who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity Adults who are obese Children and adolescents who are considered obese Total vegetable intake for persons aged 2 years and older
Oral Health	<ul style="list-style-type: none"> Persons aged 2 years and older who used the oral health care system in the past 12 months
Reproductive and Sexual Health	<ul style="list-style-type: none"> Sexually active females aged 15–44 years who received reproductive health services in the past 12 months Persons living with HIV who know their serostatus
Social Determinants	<ul style="list-style-type: none"> Students who graduate with a regular diploma 4 years after starting ninth grade
Substance Abuse	<ul style="list-style-type: none"> Adolescents using alcohol or any illicit drugs during the past 30 days Adults engaging in binge drinking during the past 30 days
Tobacco	<ul style="list-style-type: none"> Adults who are current cigarette smokers Adolescents who smoked cigarettes in the past 30 days

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Online Resources

U.S. Census Bureau. www.census.gov

Robert Wood Johnson Foundation *County Health Rankings 2015*.

<http://www.countyhealthrankings.org/>

Healthy People 2020. <http://www.healthypeople.gov/>

Community Commons. www.communitycommons.org

Saint Luke's Health System:

<http://www.saintlukeshealthsystem.org/about-saint-lukes-health-system>

<http://www.saintlukeshealthsystem.org/about-saint-lukes-cushing-hospital>

The Saint Luke's Cushing Hospital CHNA was comprised of University of Kansas Medical Center Master's in Health Systems Administration Students Johnathon Blake, Fernando Ramirez, Emily Snow and Jaime Whitt, who completed this CHNA as part of their capstone project. This team was overseen by Saint Luke's Health System representatives Audrey Hill, Robert Olm-Shipman (VP of Strategic Planning and Project Management), and Robert Bonney (Senior Vice President, Network Operations & Development).