



2018

# Saint Luke's Community Health Needs Assessment

 **Anderson  
County Hospital**  
SAINT LUKE'S HEALTH SYSTEM

## TABLE OF CONTENTS

<b>I. Executive Summary .....</b>	<b>3</b>
a. Introduction.....	3
b. Community Health Needs.....	3
<b>II. Methodology.....</b>	<b>4</b>
a. Definition of the Community .....	4
b. Population Demographics.....	5
c. Health Status of the Population .....	7
d. National Priorities.....	15
<b>III. Summary of Findings.....</b>	<b>15</b>
<b>IV. Appendix.....</b>	<b>19</b>
a. Key Contributors.....	19
b. Data Limitations.....	20
c. Evaluation of Impact.....	21
d. Prioritization Scorecard.....	22
e. Board Approval Date .....	23

## Section I: Executive Summary

### A. Introduction

#### *About Anderson County Hospital*

Anderson County Hospital is committed to serving the Anderson County, Kansas community. The 25-bed critical access hospital provides Garnett and the surrounding communities with essential health care services, including primary care, 24/7 emergency services, outpatient surgery, full laboratory services, imaging services, and more. The hospital features a 36-bed Residential Living Center that is recognized by U.S. News and World Report as one of the finest nursing care facilities in Kansas. Anderson County Hospital ranks in the top percentile of U.S. hospitals for patient satisfaction and is a leader in quality and safety initiatives.

#### *Mission*

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

#### *Vision*

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

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

Saint Luke's Health System is Kansas City's only locally owned, not-for-profit health system. For 107 years, Saint Luke's was comprised of just one health care facility. Today, the system now includes 16 hospitals and campuses across the Kansas City region, home care and hospice, behavioral health care, dozens of physician practices, a life care senior living community, and more.

### B. Community Health Needs

#### *Community Health Needs Assessment Objectives*

Anderson County Hospital (ACH) conducted this Community Health Needs Assessment (CHNA) in order to better understand and serve the needs of the community. As part of the 2010 Affordable Care Act, all tax-exempt hospitals must complete a CHNA every three years. The CHNA addresses the health needs in the community and prioritizes the identified needs. The hospital is then responsible for completing an implementation strategy for the identified priority health needs. ACH conducted its first CHNA in 2012 and second report in 2015.

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

#### *Community Health Needs*

A wide range of primary and secondary data was used to identify three health priorities in Anderson County Hospital's community.

- Priority 1: Behavioral Health Care
- Priority 2: Improved Access to Care
- Priority 3: Increased Access to Physical Activity and Nutrition

## Section II: Methodology

### Assessment Methodology

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

### Primary Data

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

### Secondary Data

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

### Secondary Data Sources

- Community Commons
- County Health Rankings
- Kansas Department of Health and Environment
- National Institute of Mental Health
- Medicare's Hospital Compare
- Healthy People 2020
- Healthy Kansans 2020
- Centers for Disease Control and Prevention
- Hospital Industry Data Institute (HIDI)
- Truven Health Analytics

### Community Analysis

## A. Defining the Community

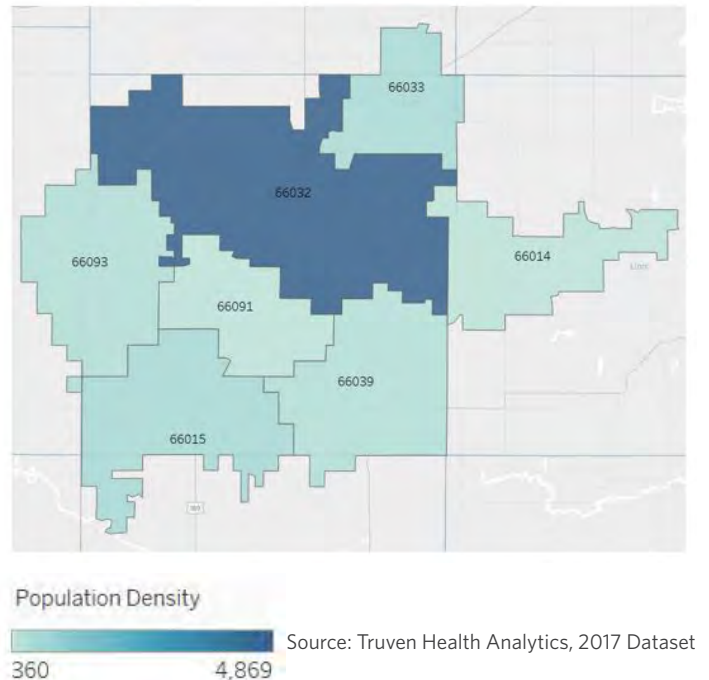
### Demographic Profile

This section outlines the demographic profile for the Anderson County Hospital's defined community.

### Geography

Anderson County Hospital's community is defined as Anderson County, Kansas (see Figure 1). Anderson County includes seven zip codes.

**Figure 1: Anderson County Hospital Defined Community, Anderson County, Kansas**



## B. Population Demographics

### Anderson County

Anderson County is located in East Central Kansas. The county has a total area of 584 square miles, of which 580 square miles is land and four square miles is water. Incorporated cities within Anderson County include Colony, Garnett, Greeley, Harris, Kincaid, Lone Elm, and Westphalia.

### Population Characteristics

As of 2017, the Anderson County population was 8,344. The largest portion of the population was the age group 0 to 17 at 24 percent or 1,861 people, followed by the age group 35 to 54 at 22 percent or 1,861 people. The smallest age group was 18 to 24 at approximately eight percent of the population.

Figure 2: Anderson County Age Profile, 2017

Age Group	2017	
	Population	% of Total
0-17	2,017	24.2%
18-24	690	8.3%
25-34	818	9.8%
35-54	1,861	22.3%
55-64	1,147	13.7%
65+	1,811	21.7%
<b>Total</b>	<b>8,344</b>	<b>100.0%</b>

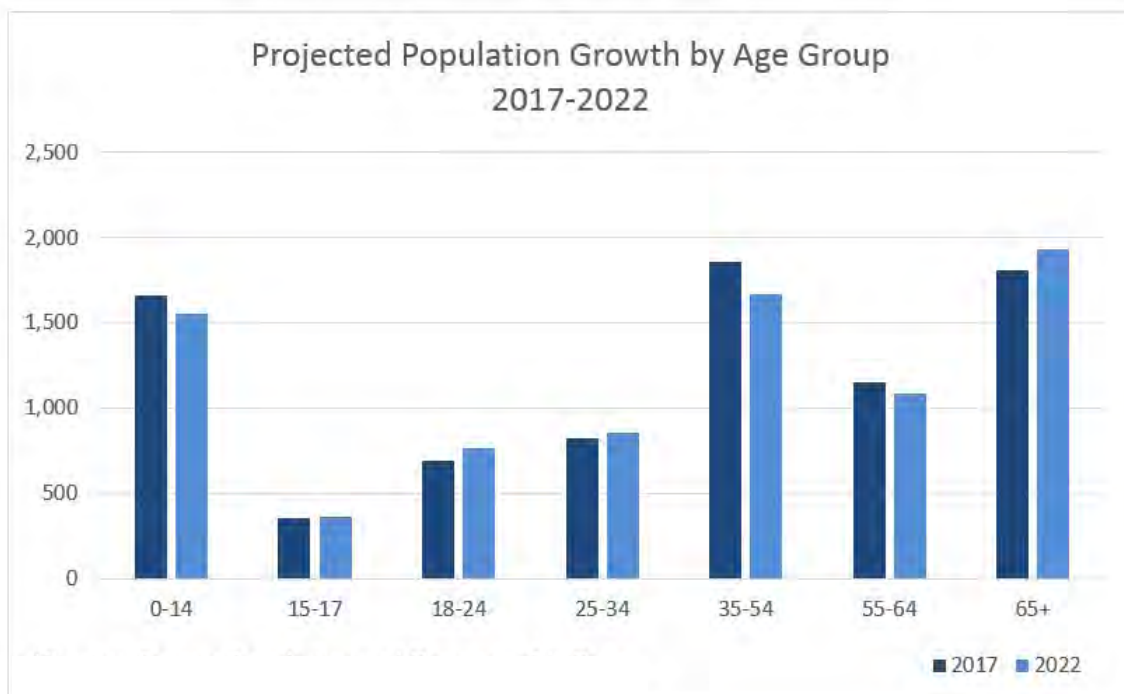
Source: Truven Health Analytics, 2017 Dataset

**Population Growth**

The overall Anderson County population is expected to decrease by 2022. By 2022, the 65 and older age group is expected to have increased by two percent or 120 people. As a result, the 65 and older age group is expected to account for roughly 24 percent of the population in 2022.

The age group 35 to 54 is expected to decrease by two percent. The 25 to 34 age group will remain fairly steady and the 0 to 17 population will decrease slightly by one percent.

Figure 3: Anderson County Projected Population Growth by Age Group, 2017-2022



Source: Truven Health Analytics, 2017 Dataset

**Gender Characteristics**

Anderson County has a slightly higher percentage of females to males at 50.4 percent to 49.6 percent. According to the U.S. Census Bureau’s 2016 American Community Survey, the

median age for females is 42.7 years and the median age for males was 41 years.

**Ethnicity**

The majority of the population in Anderson County continues to be White. The White population is expected to have a negative growth rate from 2015 – 2020, and account for 93.37 percent of the population in 2020.

The multiple race population is the next largest at 1.9 percent of the population in 2015, with an expected growth of 30.5 percent from 2015 – 2020.

**Figure 4: Anderson County Population by Single Race**

Single Race	2017		
	Population	% of Total	USA % of Total
White Non-Hispanic	7,843	94.0%	60.8%
Black Non-Hispanic	47	0.6%	12.4%
Hispanic	162	1.9%	18.0%
Asian & Pacific Is. Non-Hispanic	64	0.8%	5.7%
All Others	228	2.7%	3.2%

Source: Truven Health Analytics, 2017 Dataset

**Language**

In 2016, 96.9 percent of the population spoke only English in Anderson County. Around 99 percent of the population spoke English very well. As of 2016, only about 0.8 percent

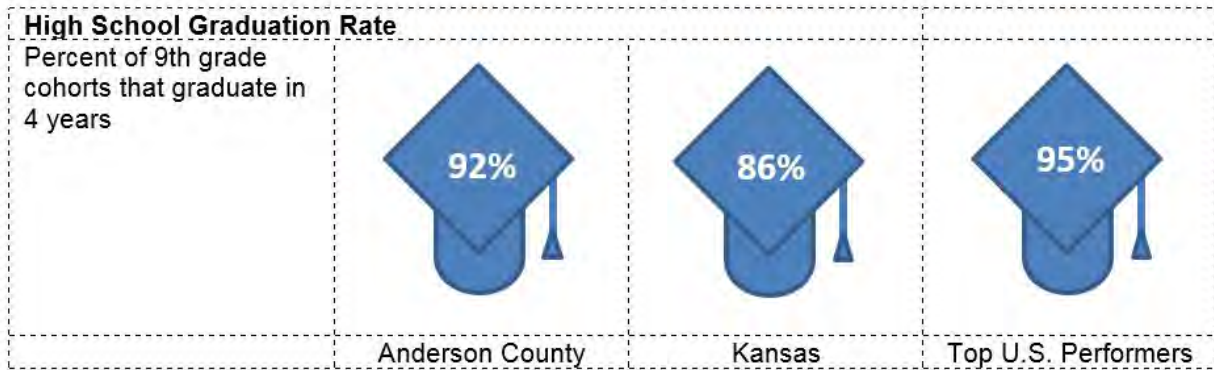
of the population did not speak English well or did not speak English at all. The language mix is expected to stay consistent through 2022.

**Education**

In 2017, almost 89 percent of the Anderson County population over 25 years of age have a high school diploma

or higher. Of that group, 49.8 percent have some college, a professional, associate’s, or bachelor’s degree or higher.

**Figure 5: High School Graduation Rate (2014-2015)**



Source: countyhealthrankings.org

**Employment**

In 2016, about 61 percent of the population older than 16 years of age was employed in Anderson County. About 3.7 percent of the population was unemployed.

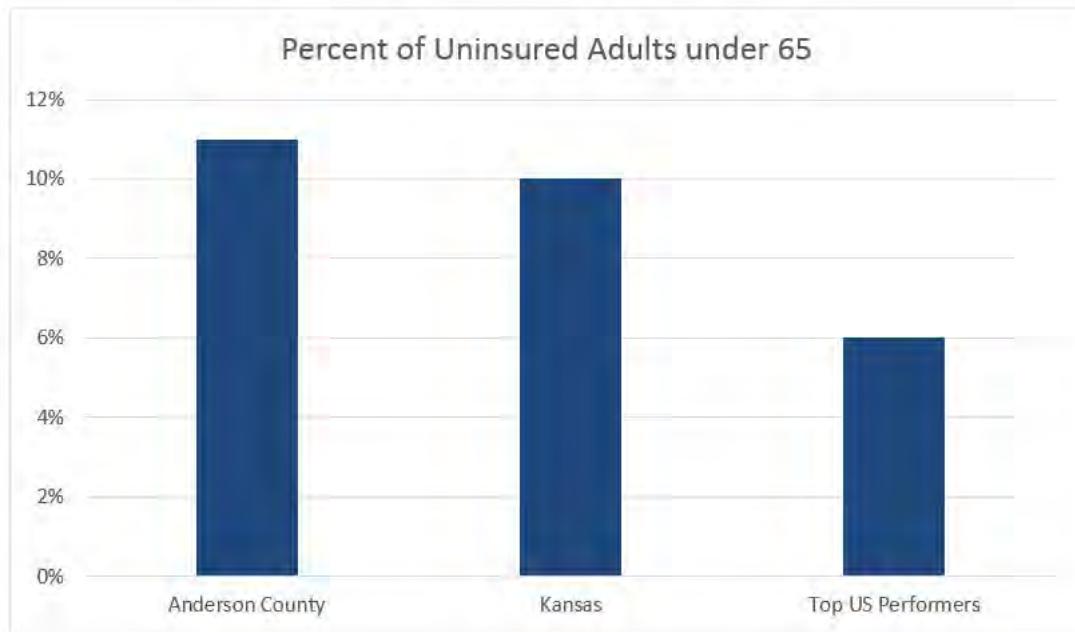
The remaining 36.8 percent of the population older than 16 years of age in Anderson County was not considered to be in the labor force.

**Uninsured Population**

In 2015, 89 percent of the adult population under age 65 had health insurance. With an uninsured rate of 11 percent,

Anderson County is on par with the Kansas average but ranks behind the top performing U.S. counties.

Figure 6: Percent of Uninsured Adults under 65 (2015)



Source: countyhealthrankings.org

### C. Health Status of the Population

The following section focuses on measures related to the health status of the population that is served by Anderson County Hospital. The measures are specific to Anderson County, Kansas. The measures are compared against

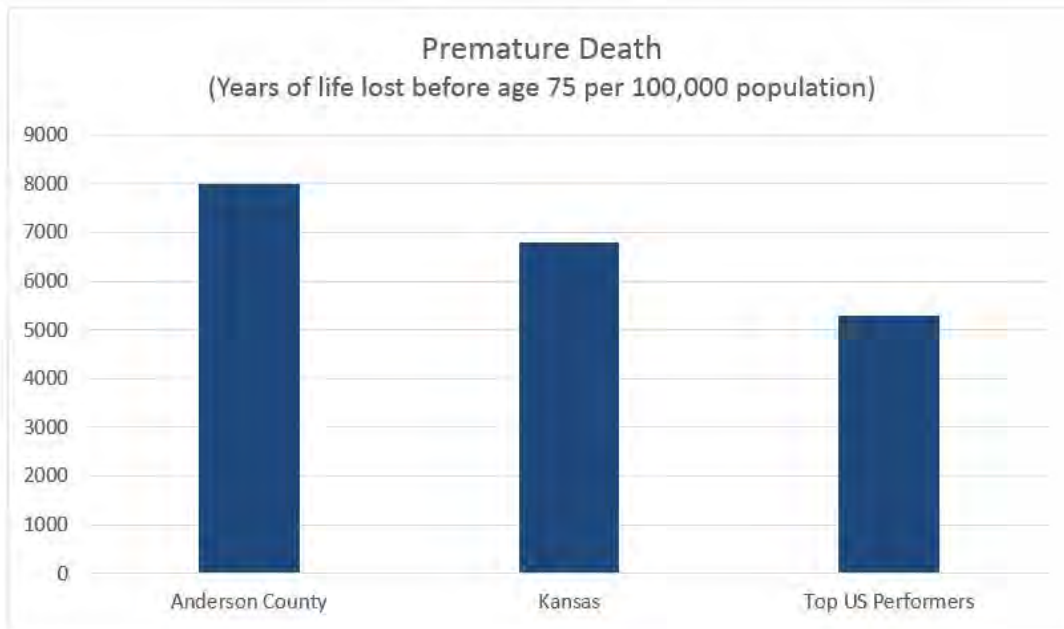
national and state averages or Healthy People 2020 goals in order to assess the specific health needs of the population of Anderson County.

#### ***Mortality***

Mortality is a measure used to assess the overall health status of the population. Typically, the mortality rate is age-adjusted, which adequately describes the death rate in a population, but it fails to take into account the population health implications of premature deaths. Figure 7 below shows the premature death rate or years of potential life lost (YPLL) before age 75 per 100,000 population. The advantage of this specific type of mortality measure is that it focuses

on the reasons for premature mortality in a population. The premature death measure avoids focusing on causes of death related to age. Anderson County has a premature death rate well above the U.S. 90th percentile of 5,317, and above the state of Kansas rate of 6,871. This measure indicates that the health status of the population in Anderson County is inferior when compared to the state of Kansas and to the top performing U.S. counties.

Figure 7: Premature Death Rate (2014-2016)



Source: countyhealthrankings.org

**Leading Causes of Death**

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

below shows the top ten leading causes of death in Anderson County for 2014 – 2016. The rankings have remained relatively stable over the three-year period with heart disease and cancer being the top two leading causes of death in Anderson County.

Figure 8: Leading Causes of Death (2014-2016)

Cause of Death per 100,000 population	Anderson County	Kansas	Healthy People 2020
Heart Disease	187.9	157.4	103.4
Cancer	177.9	162.6	161.4
Unintentional Injury	66.1	44.2	36.4
Chronic Lower Respiratory Disease	47.8	48.9	N/A
Suicide	45.3	15.9	10.2
Stroke	25.5	38.4	34.8
Alzheimer's Disease	21.8	22.8	N/A
Diabetes	19.5	20.9	N/A
Kidney Disease	15.4	17.6	N/A

Source: kansashealthmatters.org



### ***Morbidity***

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

low birth weight. According to County Health Rankings, low birth weight is an important morbidity measure because it is indicative of maternal exposure to health risks, the current and future morbidity of the infant, and risk of premature mortality. Anderson County performed on par when compared to the state of Kansas on all morbidity measures. When considering all morbidity measures, Anderson County ranked 52nd out of the 103 counties assessed in Kansas.

**Figure 9: Morbidity Measures (2016)**

<b>Indicator</b>	<b>Anderson County</b>	<b>Kansas</b>	<b>90th Percentile</b>
Poor or Fair Health	15%	15%	10%
Poor Physical Health Days	3.3	3.1	2.5
Poor Mental Health Days	3.4	3.3	2.4
Low Birth Weight	6%	7%	6%

Source: countyhealthrankings.org

### ***Heart Disease***

According to the CDC, heart disease is the leading cause of death among both men and women in the United States, and accounted for about 630,000 deaths, or one in four deaths, each year between 1999 and 2015.

**Figure 10: Heart Disease Indicators (2015-2017)**

<b>Indicator</b>	<b>Anderson County</b>	<b>Kansas</b>
Heart Disease Hospital Admissions (per 10,000)	147.6	123.8
Congestive Heart Failure Hospital Admissions (per 10,000)	22.2	16.2

Source: kansashealthmatters.org

One area of concern in Anderson County is the percent of adults tested and diagnosed with high cholesterol. The table below shows that in 2015 approximately 37 percent of adults in the South East Central Public Health Preparedness Region, which includes Anderson County, were tested and diagnosed with high cholesterol.

This percentage is almost triple the Healthy People 2020 goal of 13.5 percent. According to the CDC, high cholesterol is one of the three key risk factors for heart disease along with hypertension and smoking. Approximately 49 percent of Americans have at least one of these risk factors.

Figure 11: Heart Disease Health Indicators (2015)

Indicator	South East Public Health Preparedness Region	Kansas	Healthy People 2020
Percent of Adults Tested and Diagnosed with High Cholesterol	36.6%	37.4%	13.5%
Percent of Adults Tested and Diagnosed with Hypertension	36.6%	31.6%	26.9%

Source: kansashealthmatters.org

**Cancer**

Cancer is the second leading cause of death in the United States after heart disease. It is one of the biggest health concerns for the population. In an article from the CDC it was stated “according to the National Institutes of Health, cancer

cost the United States an estimated \$268.3 billion in medical costs and lost productivity in 2010” (“Cancer,” 2015). The cancers with the highest incidence rates in Anderson County are listed in Figure 12.

Figure 12: Cancer Incidence in Anderson County (2000-2015)

Cancer	Male	Female
Colorectal	52	56
Lung and Bronchus	71	50
Female Breast	-	104
Male Prostate	123	-

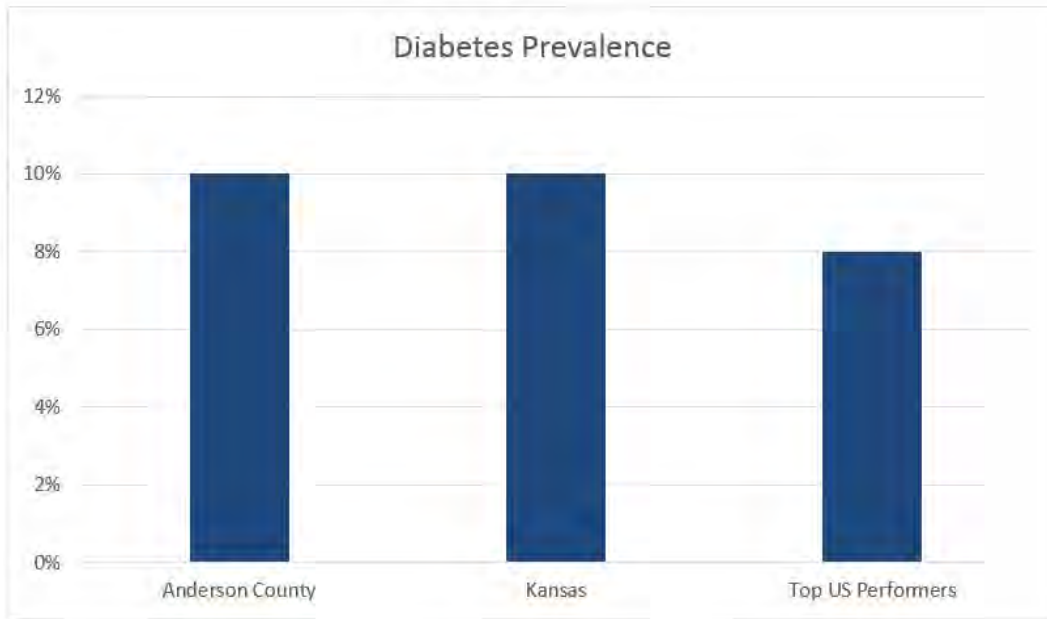
Source: Kansas Cancer Registry, Cancer Incidence in Kansas, 2000 - 2015

**Diabetes**

Diabetes impacts many Americans and is a primary health concern in the United States. According to Healthy People 2020 (2014), diabetes impacts approximately 29.1 million people in the United States and it lowers life expectancy by up to 15 years, increases the risk of heart disease by two to

four times, and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. Measuring the prevalence of diabetes in a population is important in assessing the overall health of the population.

**Figure 13: Percentage of adults aged 20 and above with diagnosed diabetes (2014)**

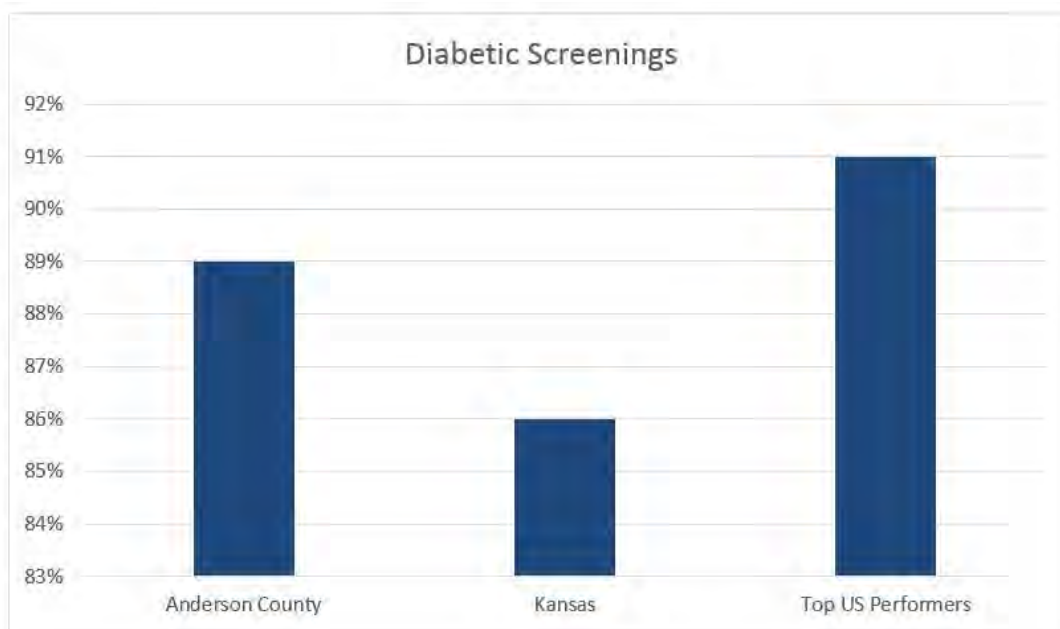


Source: [countryhealthrankings.org](http://countryhealthrankings.org)

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

measures the percent of diabetic Medicare patients whose blood sugar control was screened in the past year.

**Figure 14: Diabetic Screening (2014)**



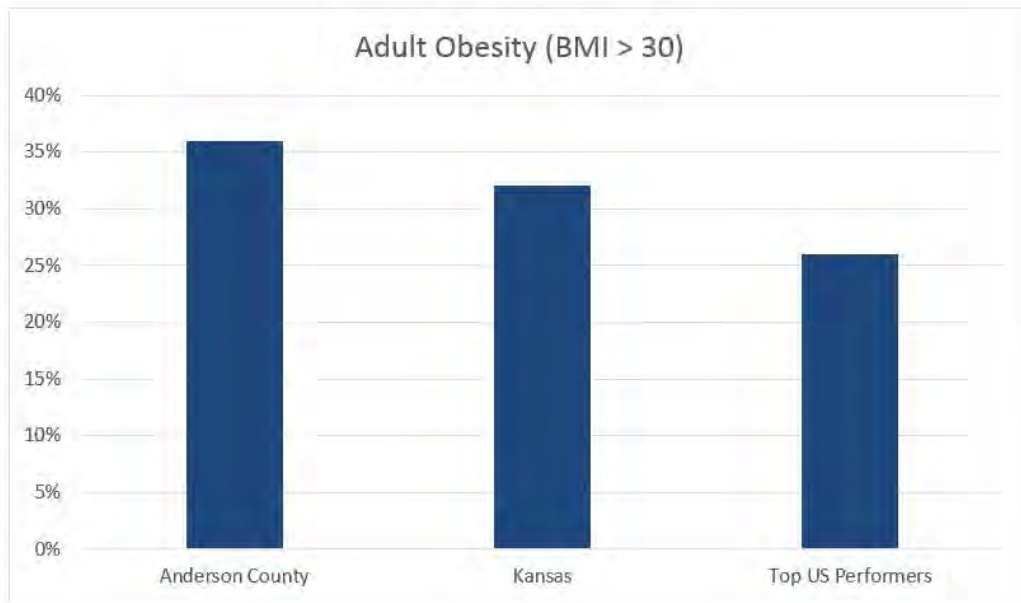
Source: [countyhealthrankings.org](http://countyhealthrankings.org)

**Adult Obesity**

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

In 2014, Anderson County ranked higher in obesity than the average Kansas County, and much higher than the Top performing U.S. Counties.

**Figure 15: Percent of Adults with Obesity (2014)**



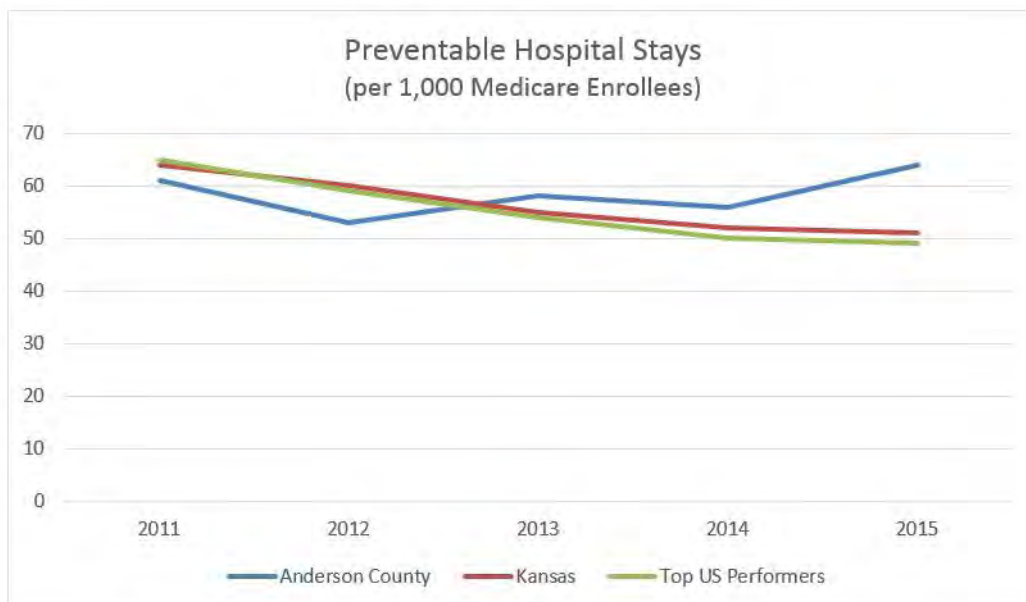
Source: countyhealthrankings.org

**Preventable Hospital Stays**

The number of preventable hospital stays measures a community's level of access to services. This includes access to primary care providers and the quality of the level of care

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

**Figure 16: Preventable Hospital Stays (2015)**



Source: countyhealthrankings.org

**Mental Health**

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

According to the National Institute of Mental Health, almost 44.7 million people have some form of mental illness in 2016. Mental health and physical health are interconnected.

**Figure 17: Mental Health Factors**

	<b>Anderson County</b>	<b>Kansas Median</b>	<b>National (top 10%)</b>
<b>Access to Mental Health Providers</b>	2,610:1	560:1	330:1
<b>Poor Mental Health Days</b>	3.4 Per 30 days	3.3 Per 30 days	3.1 Per 30 days

Source: countyhealthrankings.org

**Health Behaviors**

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

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

**Figure 18: Health Behaviors**

	<b>Anderson County</b>	<b>Kansas Median</b>	<b>Top US Performers</b>
<b>Adult Smoking</b>	16%	17%	14%
<b>Food Environment Index (out of 10)</b>	7.3	7.0	8.6
<b>Physical Inactivity (adults over 20 reporting no leisure physical activity)</b>	32%	25%	20%
<b>Teen Births (per 1,000 15-19 year old females)</b>	33	30	15
<b>Sexually Transmitted Infections (Chlamydia) Per 100,000 population</b>	139.5	394.8	145.1

Source: countyhealthrankings.org

**Substance Abuse**

**Excessive Alcohol Consumption**

Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than four (women) or five (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average.

Excessive drinking as defined above can lead to impaired vision, mental capacity, judgment, decision making, all of which can lead to harmful decisions.

This behavior is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. According to the CDC, approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.

**Figure 19: Substance Abuse Factors**

	Anderson County	Kansas Median
Excessive Drinking (% of adults who report binge drinking in last 30 days) (2016)	15%	17%
Alcohol Impaired Driving Death (Percent of driving deaths alcohol related) (2012-2016)	0%	25%

Source: countyhealthrankings.org

**Access to Care**

**Access to Primary Care Physicians**

Primary care physicians include MD's and DO's under the age of 75. Primary care specialties include general practice medicine, family medicine, internal medicine, and pediatrics. This measure indicates not only financial access but also physical access to providers.

The goal of increasing access to primary care physicians is to reduce utilization of unnecessary services. Appropriate access to primary care can help reduce hospital readmission rates when patients receive the right care at the right time.

**Figure 20: Access to Care**

	Anderson County	Kansas	Top U.S. Performers
Primary Care Physician Ratio (2015)	2,600:1	1,320:1	1,030:1
Mental Health Physician Ratio (2017)	2,610:1	560:1	330:1
Dentists (2016)	2,610:1	1,760:1	1,280:1
Uninsured Adults (Adults under 65 without health insurance) (2015)	14%	13%	7%
Uninsured Children (2015)	6%	5%	3%
Health Care Costs (Average price adjusted Medicare reimbursements per enrollee) (2015)	\$11,332	\$9,789	-

Source: countyhealthrankings.org

## D. National Priorities

### *Healthy People 2020*

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

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

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

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

---

## E. Local Priorities

### *Healthy People 2020*

Health Kansans 2020 is an initiative inside the state of Kansas, which is focused on identifying and adopting health priorities for the people of Kansas to improve the overall health in the state. These priorities focus on ways the state can improve the well-being of all residents of the state. This initiative builds off the Healthy People 2020 initiative going on for the entire country. The priorities identified for Healthy Kansans 2020 are the following:

- Access to Health Services
- Chronic Disease

- Disability and Health
- Environmental Health
- Immunization and Infectious Disease
- Injury Prevention
- Lifestyle Behaviors
- Maternal, Infant, and Child Health
- Mental Health
- Oral Health
- Social Determinants of Health
- Violence Prevention

---

## Section III: 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*

The burden of mental illness is among the highest of all diseases, with roughly one-fourth of adults and one-fifth of children having a mental health disorder in the past year.

Primary data sources identified behavioral health needs as high priority for the community. Additionally, interviews with Anderson County Hospital staff identified behavioral health as a common secondary diagnoses to multiple acute episodes.

### Impact

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

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

### Available Resources

- Garnett Area Ministerial Alliance
- Southeast Kansas Mental Health Center
- Anderson County Hospital

## Priority 2: Access to Care

### Overview

Insufficient access to health services can be caused by many different issues including lack of insurance, underinsurance, primary care provider availability, provider quality, and costs of care. Access to primary care providers and/or a health center has a major impact on individual health.

Adequate access to both primary and specialty care is of even more importance to individuals with chronic conditions such as cancer and heart disease. Individuals with access to care are more likely to receive preventive care that improves quality of life and helps detect and manage chronic conditions.

### Prevalence

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance

coverage. This indicator is relevant 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.

Figure 21: Uninsured Population

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Anderson County, KS	7,754	954	12.3%
Kansas	2,839,352	297,544	10.48%
United States	313,576,137	36,700,246	11.7%

Source: US Census Bureau, American Community Survey. 2012-16.



About 20.3 percent of Kansans over the age of 18 lack a primary care provider. Poverty rates in Anderson County are also an area of concern because of the financial costs of health care. Many individuals will forego medical care if they are unable to afford services.

In 2016, almost 1,200 Anderson County individuals are at or below 100 percent of the Federal Poverty Level (FPL), representing 15.11 percent of the total population. In many cases, health services are left out of reach for these individuals because of the cost of care.

**Figure 22: Population in Poverty**

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Anderson County, KS	7,751	1,171	<b>15.11%</b>
Kansas	2,816,191	373,162	13.25%
United States	310,629,645	46,932,225	15.11%

Source: US Census Bureau, American Community Survey. 2012-16.

**Impact**

Access to primary care providers and available health facilities has a major impact on individual health. People without access to health insurance are less likely to receive routine checkups and preventive health care, exacerbating

chronic or untreated illnesses and increasing the overall costs to the health system. Regular and reliable access to care can prevent disease, detect illness, increase quality of life, and increase life expectancy.

**Available Resources**

- Anderson County Hospital
- Anderson County Hospital Specialty Clinic
- Balanced Healthcare Clinic
- Family Care Center
- Southeast Kansas Multi-County Health Department

- Healthcare.gov
- American Cancer Society
- American Lung Association
- American Heart Association

**Priority 3: Increased Access to Physical Activity and Nutrition**

**Overview**

Anderson County demonstrated a need for increased physical activity and nutrition for the community as a whole. Although opportunities for physical activity, such as recreation centers, parks, and trails, exist in the Anderson County community, there may be a need for increased education and communication from community

organizations to encourage the utilization of these types of resources. Physical activity and nutrition play a vital role in the overall health of members of a community, and Anderson County demonstrated a need to improve on multiple health indicators in order to help improve the health of the population in the future.

**Prevalence**

Physical Activity/Nutrition – The chart below shows the physical activity indicators as well as the nutrition factors for Anderson County compared to the state median value.

These values demonstrate some needs for Anderson County in terms of availability of healthy food options for the members of the community.

Figure 23: Physical Activity and Nutrition Factors

Indicator	Anderson County	State Median
Physical Inactivity (2014)	32%	25%
Access to Exercise Opportunities (population who live close to park/rec facility) (2016)	55%	81%
Food Insecurity (percent of population) (2015)	15%	13%
Limited Access to Health Foods (2015)	8%	8%
Food Environment Index (2015)	7.3	7.0

Source: countyhealthrankings.org

Obesity – In Anderson County the percent of adults who are obese (BMI > 30) has been increasing from 2004 to 2014. In 2014, the obesity percentage was above the state average and is a major area of concern.

Diabetes – In 2014, 10 percent of Anderson County adults over the age of 20 have been diagnosed with diabetes. The risk of getting diabetes can increase as physical inactivity and nutrition statistics become worse.

**Impact**

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

Physical Inactivity – Within Anderson County, 32 percent of adults aged 20 and older self-reported no leisure time for activity. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as obesity and poor cardiovascular health.

Physical exercise and proper nutrition are both imperative in order to help improve the health of the community as a whole.

Diabetes – Diabetes can lead to many other medical complications including blindness, end-stage renal disease, and possible amputation.

Obesity/Overweight - Obesity increases the risk of many other health conditions. These conditions include Type 2 diabetes, cancer, hypertension, heart disease, and stroke.

**Available Resources**

- Garnett Senior Center
- Garnett Recreation/Goppert Wellness Center
- T.O.P.S. – Taking Off Pounds Sensibly – Town Hall Center, Garnett, KS

- ECKAN Food Program
- American Diabetes Association
- American Heart Association

## Section IV: Appendix

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

#### *Hospital Leadership*

Chief Executive Officer – Rich McKain  
 Chief Nursing Officer – Julie Woods  
 Chief Financial Officer – Vicki Mills  
 Director, Quality, Risk, and Compliance – Tina Capeder

#### *Public Health Contributors*

Southeast Kansas Multi-County Health Department

#### *Community Partners*

Focus Group 1: ACH’s Patient Family Advisory Committee  
 Garnett Area Ministerial Alliance  
 Southeast Kansas Mental Health Center  
 Auburn Pharmacy  
 Unified School District #365

	Anderson County Hospital	Southeast Kansas Multi-County Health Department	ACH Patient Family Advisory Committee	Garnett Area Ministerial Alliance	Southeast Kansas Mental Health Center	Auburn Pharmacy	Unified School District #365
Represents Public Health		X					
Represents Medically Underserved Populations	X	X	X		X	X	
Represents Low Income Populations	X	X	X	X	X	X	X
Represents Populations with Chronic Disease Needs	X	X	X	X	X	X	X
Represents Minority Populations	X	X	X	X	X	X	X

## Primary Data/Key Informant/Focus Group Summaries

### **Hospital Leadership**

*Attendees: Rich McKain (CEO), Catherine Hamilton (CNO), Vicki Mills (CFO), Tina Capeder (Quality, Risk, and Compliance), Trenton Stringer*

- Needs Identified: Access to Care, Behavioral Health, Food Insecurity, Drug and Substance Abuse, Obesity, Poverty, Housing, Heart Disease
- Inpatient Psychiatric Beds

### **Public Health – Southeast Kansas Multi-County Public Health Department**

*Attendees: Samantha Mason, Sarah Hulcy, Brenda Pfizenmaier, Trenton Stringer*

- Needs Identified: Behavioral Health, Access to Care, Housing, Poverty, Food Insecurity

### **Focus Group 2: Anderson County Hospital's Patient Family Advisory Committee**

*Attendees: Dian Doran, Patricia Mauldin, Donna McCarty, Terry Singer, Josh Ford, Tonya Lankard, Tina Capeder, Trenton Stringer*

- Needs Identified: Behavioral Health, Physical Activity and Nutrition, Drug and Substance Abuse, Cancer

## **B. Data Limitations**

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

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

### **Other Community Stakeholder Interviews**

*Interviewed: Don Blome, Superintendent (Unified School District #365), Trenton Stringer*

- Needs Identified: Sports Medicine access, e-cigarettes, Mental Health, Cancer

*Interviewed: Ekaterina Sterkhova-Ortiz (Southeast Kansas Mental Health Center), Trenton Stringer*

- Needs Identified: Affordable healthcare services, Access to Specialists, Behavioral Health, Transportation, Drug/Substance Abuse

*Interviewed: Casey Smith (Auburn Pharmacy), Trenton Stringer*

- Needs Identified: Behavioral Health, Access to Physical Activity and Healthy Nutrition, Obesity

*Interviewed: Christopher Goetz (Garnett Area Ministerial Alliance), Trenton Stringer*

- Needs Identified: Behavioral Health, Suicide, Transportation, Cancer

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

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

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

### C. Evaluation of Impact

Anderson County Hospital's previous Community Health Needs Assessment was conducted in 2015. Following the approval by the board, the Implementation Plan was also adopted. Below are the different action items that were included on the 2015 Implementation Plan with their completion status listed. Even though some of the identified needs changed for 2018, all of these programs will continue to

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

Milestone / Sub-Activity	Description	Status	Comments
<b>1</b>	<b>Improved Access to Care</b>		
1.1	ACH will continue to accept Kansas Medicaid.	On Target	On-Going
1.2	Saint Luke's Health System will continue to advocate on key health policy issues at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population.	On Target	On-Going
1.3	As a member of Saint Luke's Health System, Anderson County Hospital has the ability to connect local patients with a range of highly trained physician specialists. When Anderson County residents need to see a specialist physician, there's no reason to leave Garnett. Anderson County Hospital's Specialty Clinic features a wide range of services, including: <ul style="list-style-type: none"> <li>• Audiology</li> <li>• Cardiology</li> <li>• Cataract surgery</li> <li>• Dermatology</li> <li>• Ear, nose, and throat</li> <li>• Gastroenterology</li> <li>• General surgery</li> <li>• Nephrology</li> <li>• Neurology</li> <li>• Obstetrics and gynecology</li> <li>• Orthopedics</li> <li>• Podiatry</li> <li>• Psychiatry</li> <li>• Pulmonology</li> <li>• Radiation Oncology</li> <li>• Rheumatology</li> <li>• Urology</li> <li>• VA clinic</li> </ul>	On Target	On-Going
<b>2</b>	<b>Increased Access to Physical Activity and Nutrition</b>		
2.1	Anderson County Hospital is engaged in several community health programs aimed at addressing this need. <ul style="list-style-type: none"> <li>• The Spring into Fitness program is a free program for the children of Anderson County focusing on health, exercise, and nutrition.</li> <li>• The Women in Training program is an eight-week training program for women of all ages. The program offers one-on-one support from fitness and health experts.</li> <li>• The ACH Family Health Festival is 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.</li> </ul>	On Target	On-Going
2.2	Anderson County hospital will continue to participate in these programs in an effort to improve overall community health including increased access to physical activity and nutrition.	On Target	On-Going
<b>3</b>	<b>Behavioral Health Care</b>		
3.1	The mental health team utilized by the telemedicine program has the training and expertise to address issues such as: <ul style="list-style-type: none"> <li>• Depression</li> <li>• Stress</li> <li>• Life transitions</li> <li>• Family problems</li> <li>• Crisis</li> <li>• Grief and loss</li> <li>• Mental illness</li> <li>• Trauma-related issues</li> <li>• Anxiety/panic disorders</li> <li>• Dual-diagnosis treatment</li> </ul>	On Target	On-Going
3.2	Anderson County Hospital will continue to provide psychiatric services onsite at the Family Care Center as well as through the eHealth telemedicine program.	On Target	On-Going
3.3	The hospital will also 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.	On Target	On-Going

**D. Prioritization Scorecard**

Prioritization and Ranking of Community Health Needs –  
The community health needs discussed were prioritized

using input from stakeholder interviews and secondary data research. The prioritization criterion is listed below.

SCORECARD FRAMEWORK	Primary Data Criteria	Secondary Data Criteria			Impact Criteria		Total Composite Score
	Stakeholder Interview Frequency	2015 CHNA Need	State Data Support	National Data Support	Community Support/ Collaboration	Community Momentum	
	Weighted 1 to 3	1=Yes, 0=No	Weighted 1 to 3	Weighted 1 to 3	1=Yes, 0=No	1=Yes, 0=No	
<b>Identified Needs</b>							
Behavioral Health	3	1	3	3	1	1	12.0
Access to Care	2	1	3	3	1	1	11.0
Access to Physical Activity and Nutrition	2	1	3	3	1	1	11.0
Suicide	1	0	3	3	1	1	9.0
Cancer	2	0	2	2	1	0	7.0
Poverty	2	0	2	2	1	0	7.0
Housing	2	0	2	2	0	0	6.0
Opioids	1	0	2	2	0	0	5.0
Transportation	2	0	1	1	0	1	5.0
Food Insecurity	1	0	1	2	0	1	5.0
e-Cigarettes/Tobacco	1	0	2	2	0	0	5.0
Sports Medicine Programs	1	0	0	1	0	0	2.0

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

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

The 2018 Community Health Needs Assessment was approved by Anderson County Hospital's Board of Directors on October 22, 2018. This Community Health Needs Assessment specifies community health needs that

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

### ***Bibliography***

1. Centers for Disease Control and Prevention. (2018, January 03). Alcohol and Public Health. Retrieved from <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
2. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County. Retrieved from <https://assessment.communitycommons.org/CHNA/report?page=4&id=504&reporttype=libraryCHNA>
3. Centers for Disease Control and Prevention (2017, June 13). Heart Disease. <https://www.cdc.gov/heartdisease/index.htm>.
4. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2015 on CDC WONDER Online Database, released December 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/mcd-icd10.html>.
5. County Health Rankings and Roadmaps. (2018). Rankings. Retrieved from [http://www.countyhealthrankings.org/app/kansas/2018/rankings/anderson/county/outcomes/overall\\_snapshot](http://www.countyhealthrankings.org/app/kansas/2018/rankings/anderson/county/outcomes/overall_snapshot)
6. Dranger E, Remington P. YPLL: A Summary Measure of Premature Mortality Used in Measuring the Health of Communities. Madison, WI: University of Wisconsin Population Health Institute; 2004. Issue Brief 5(7).
7. Druss BG, Walker ER. Mental disorders and medical comorbidity. *Synth Proj Res Synth Rep*. 2011. Feb(21):1-26 [PubMed]
8. Heart Disease Facts & Statistics. (2017, November 28). Retrieved October 12, 2018, from <https://www.cdc.gov/heartdisease/facts.htm>
9. National Cancer Institute. (27 Apr. 2018). Cancer Statistics. Retrieved from <https://www.cancer.gov/about-cancer/understanding/statistics>.
10. National Institute of Mental Health. (2017, November). Mental Illness. Retrieved October 12, 2018, from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
11. Truven Health Analytics. (2017). Year 2017 Population and Demographic Data. [dataset application]
12. US Census Bureau, American Community Survey. 2012-16. Source geography: Tract. Retrieved from <https://assessment.communitycommons.org/CHNA/report?page=1&id=113&reporttype=libraryCHNA>.

**Contact us**

**Anderson County Hospital**

421 S. Maple St.

Garnett, KS 66032

785-448-3131

[saintlukeskc.org](http://saintlukeskc.org)

