



2018

Saint Luke's Community Health Needs Assessment



TABLE OF CONTENTS

I. Executive Summary	3
a. Introduction.....	3
b. Community Health Needs.....	3
II. Methodology	4
a. Definition of the Community	4
b. Population Demographics.....	4
III. Health Status of the Population	7
a. National Priorities	14
IV. Summary of Findings	14
IV. Appendix	17
a. Key Contributors.....	18
b. Data Limitations.....	18
c. Evaluation of Impact.....	18
d. Prioritization Scorecard.....	20
e. Board Approval Date	20

Section I: Executive Summary

A. Introduction

About Wright Memorial Hospital

Wright Memorial Hospital is committed to serving the Grundy County, Missouri community. Wright Memorial Hospital is a critical access hospital providing Trenton, Missouri, and surrounding communities with essential health care services and local access to Saint Luke's Health System. The 25-bed full-service hospital features 24-hour emergency services, a maternity center with private labor/delivery/recovery rooms, surgical services, and outpatient imaging services, such as MRI, CT, and digital mammography. In addition, the outpatient Specialty Clinic welcomes many specialists, including cardiology, ENT, GI, oncology, orthopedics, podiatry, and more.

Wright Memorial Hospital Mission

Wright Memorial Hospital is a faith-based, not-for-profit 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 dedicated to enhancing the physical, mental, and spiritual health of the diverse communities we serve.

Wright Memorial Hospital Vision

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

About Saint Luke's Health System

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

B. Community Health Needs

Community Health Needs Assessment Objectives

Wright Memorial Hospital conducted its second 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 primary health needs identified.

Community Health Needs Assessment Summary

An effort to understand and create a healthier community requires collaboration and input from many community stakeholders. Through data research and key conversations in the Grundy 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 four health priorities in Grundy County.

- Priority 1: Access to Care
- Priority 2: : Increased Access to Physical Activity and Nutrition
- Priority 3: Behavioral Health Care
- Priority 4: Smoking Cessation

Section II: Methodology

Assessment Methodology

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

Primary Data

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

Secondary Data

Secondary data was collected through various hospital and community resources. This data is presented in both the context of Grundy County, Missouri, and 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

- County Health Rankings
- Explore MO Health
- Missouri Department of Health and Senior Services
- National Institute of Mental Health
- Medicare's Hospital Compare
- Healthy People 2020
- Centers for Disease Control and Prevention
- Hospital Industry Data Institute (HIDI)
- Truven Health Analytics, Year 2017

Community Analysis

A. Defining the Community

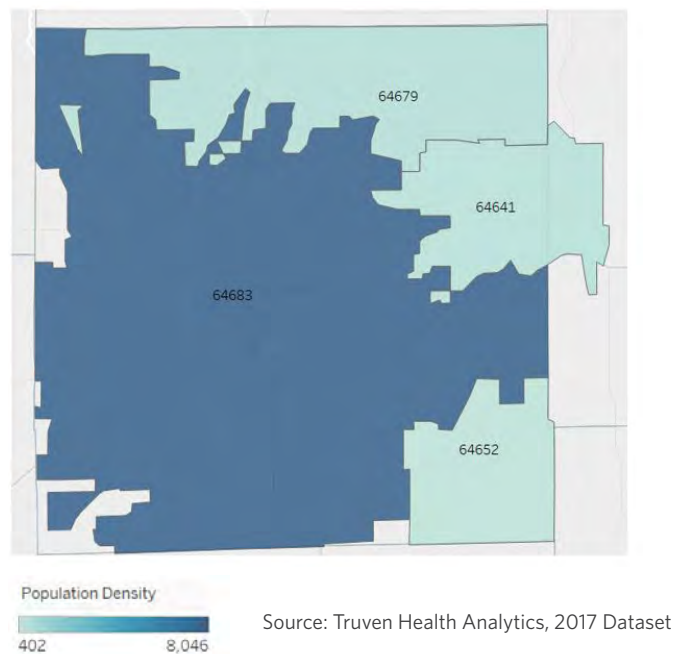
Demographic Profile

This section outlines the demographic profile for the Wright Memorial Hospital's defined community.

Geography

Wright Memorial Hospital's community is defined as Grundy County, Missouri (see Figure 1). Grundy County includes four zip codes.

Figure 1: Wright Memorial Defined Community, Grundy County, Missouri



B. Population Demographics

Grundy County

Grundy County is located on the northwestern portion of Missouri, with a total land area of 438 square miles. The county seat and largest city in Grundy County is Trenton, Missouri, which is home to 6,001 people.

Population Characteristics

As of 2017, the Grundy County population was 9,858. The 65 and older age group made up the largest portion of the population at 22 percent or 2,166 people followed by the 35 – 44 age group at 21 percent or 2,081 people. The smallest age group was 25 – 34 at 11.5 percent of the population or 1,132 people.

Figure 2: Grundy County Age Profile, 2017

Age Group	2017	
	Population	% of Total
0-14	1,961	19.9%
15-17	376	3.8%
18-24	899	9.1%
25-34	1,132	11.5%
35-54	2,081	21.1%
55-64	1,243	12.6%
65+	2,166	22.0%
Total	9,858	100.0%

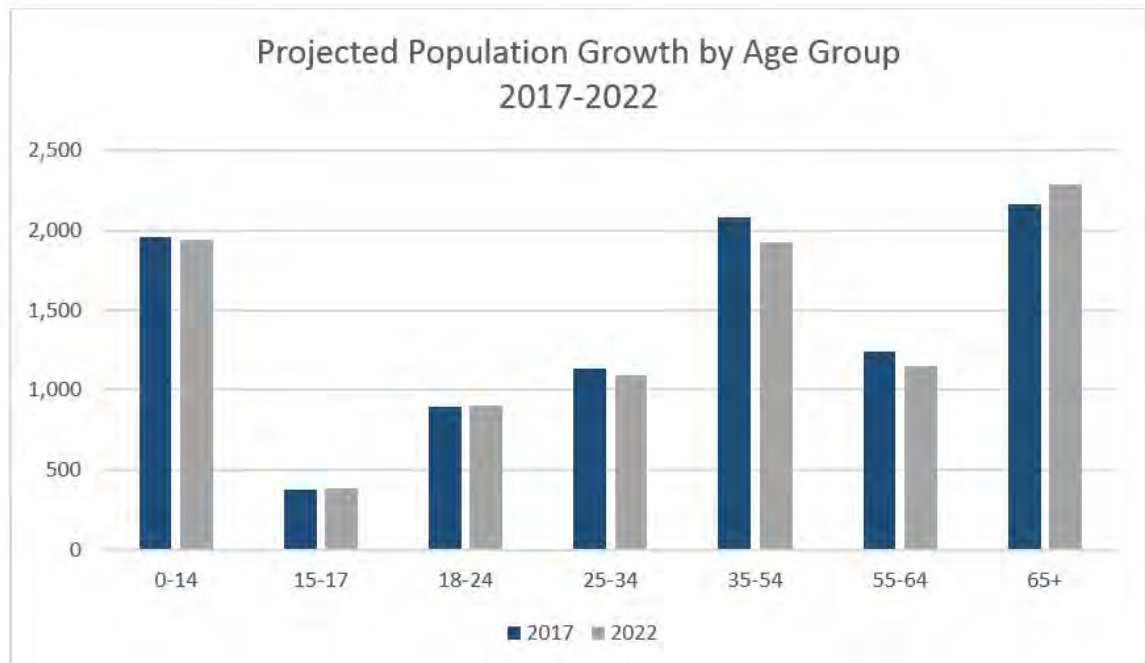
Source: Truven Health Analytics, 2017 Dataset

Population Growth

By 2022, the Grundy County population is expected to decrease by 2 percent or 160 people. The 65 and up age group is expected to have the highest growth and increase by one percent or 123 people. The 65 and up age group is expected

to account for 24 percent of the population. The 55 – 64 age group is expected to decrease by seven percent or 89 people. The 0 – 17 and 18 – 34 age group are expected to remain consistent.

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



Source: Truven Health Analytics, 2017 Dataset

Gender Characteristics

In 2017, Grundy County had a slightly higher percentage of females to males at 52 percent (or 5,197 individuals) to 48 percent (or 4,661 individuals). Based on population estimates, the gender ratio in Grundy County will remain steady from 2017 – 2022.

Ethnicity

The majority of the population in Grundy County is White (94.0 percent in 2017). The Hispanic population is the next largest at 2.3 percent of the population in 2017. The Black/African American population is around one percent of the population. The Asian and American Indian/Alaskan Native populations together account for less than one percent of the population in 2017.

Figure 4: Population Race/Ethnicity (2017)

Single Race	2017	
	Population	% of Total
White Non-Hispanic	9,264	94.0%
Hispanic	227	2.3%
All Others	189	1.9%
Black Non-Hispanic	98	1.0%
Asian & Pacific Is. Non-Hispanic	80	0.8%

Source: Truven Health Analytics, 2017 Dataset

Education

In 2017, 86 percent of the Grundy County population over 25 years of age had a high school diploma or higher. Of that group, an additional 54 percent had some college education and 19 percent had a bachelor’s degree or higher. Approximately 14 percent of the population had not attained a high school diploma.

Employment

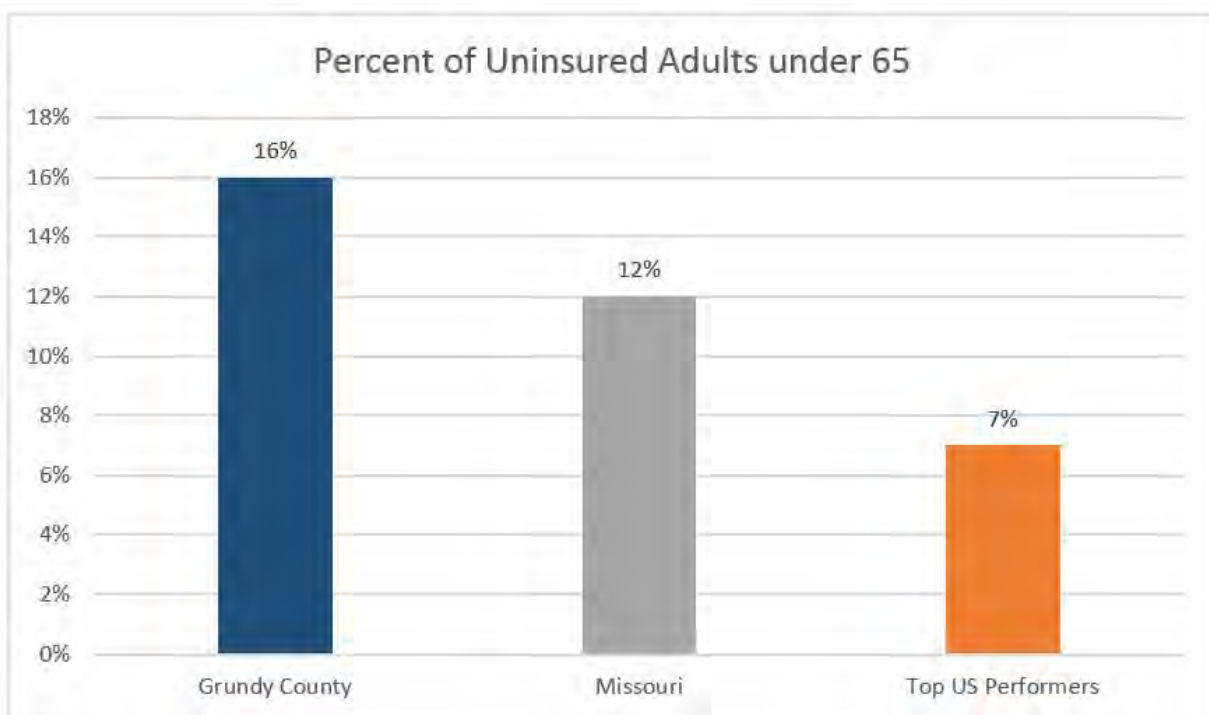
As of 2016, about 57 percent of the population above 16 years of age was employed in Grundy County. About 4.6 percent

of the population was unemployed. The remainder of the population aged 16 years or older was considered to be out of the labor force.

Uninsured Population

In 2015, 84 percent of Grundy County adults had health insurance and 92 percent of children had health insurance. Grundy County lags behind the Missouri average in both of these categories.

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



Source: countyhealthrankings.org

Section III: Health Status of the Population

The following section focuses on measures related to the health status of the population that is served by Wright Memorial Hospital. The measures are specific to Grundy County, Missouri. 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 Grundy County.

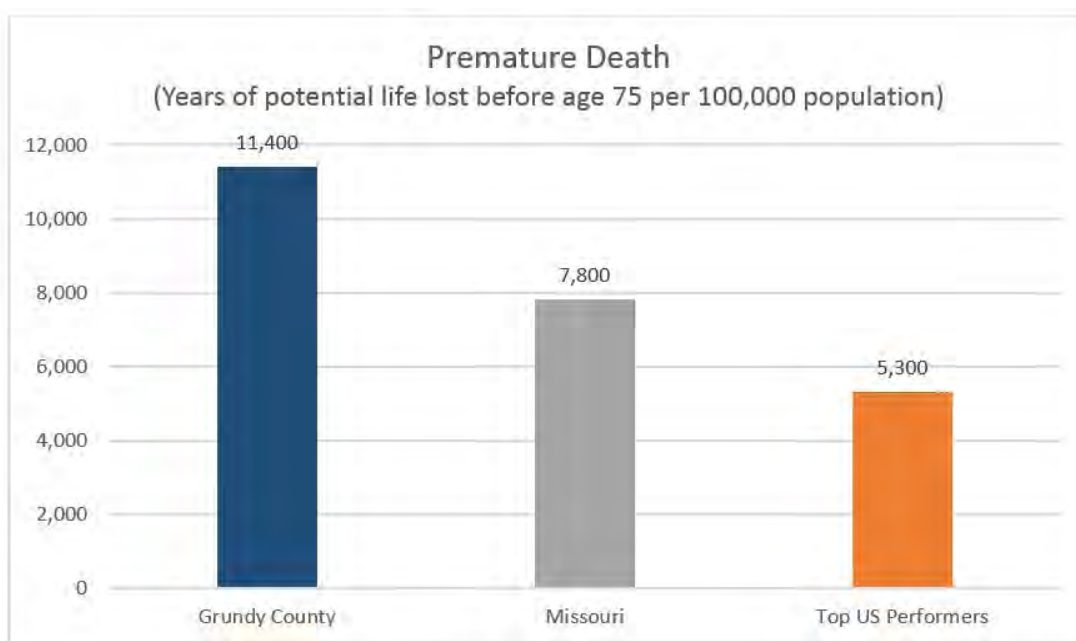
Mortality

Mortality is a measure used to assess the overall health status of the population. Typically, the mortality rate is age-adjusted, which adequately describes the death rate in a population, but it fails to take into account the population

health implications of premature deaths. Figure 6 below shows the premature death rate or years of potential life lost (YPLL) before age 75 per 100,000 population. The advantage of this specific type of mortality measure is that it focuses

on the reasons for premature mortality in a population. The premature death measure avoids focusing on causes of death related to age. In 2016, Grundy County had a premature death rate well above the U.S. at the 90th percentile of 5,300, but below the state of Missouri rate of 7,800. This measure indicates that the health status of the population in Grundy County was inferior when compared to the state of Missouri and to the top performing U.S. counties.

Figure 6: Premature Death Rate (2014 – 2016)



Source: countyhealthrankings.org

Leading Causes of Death

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

options that address the needs of the population. The table below shows the top ten leading causes of death in Grundy County during years 2006 – 2016.

Figure 7: Leading Causes of Death (2006 – 2016)

Leading Cause of Death Profile for Grundy County Residents (2006 – 2016)		
	Number of Events	Age-Adjusted Rate
Heart Disease	376	198.16
All Cancers (Malignant Neoplasms)	352	201.77
Lung Cancer	87	51.46
Chronic Lower Respiratory Disease	93	50.83
All Injuries and Poisonings	89	74.85
Stroke/Other Cerebrovascular Disease	79	38.06
Alzheimer’s Disease	79	37.32
Total Unintentional Injuries	71	56.56
Kidney Disease (Nephritis and Nephrosis)	42	22.92
Pneumonia and Influenza	32	16.47

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

Morbidity

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

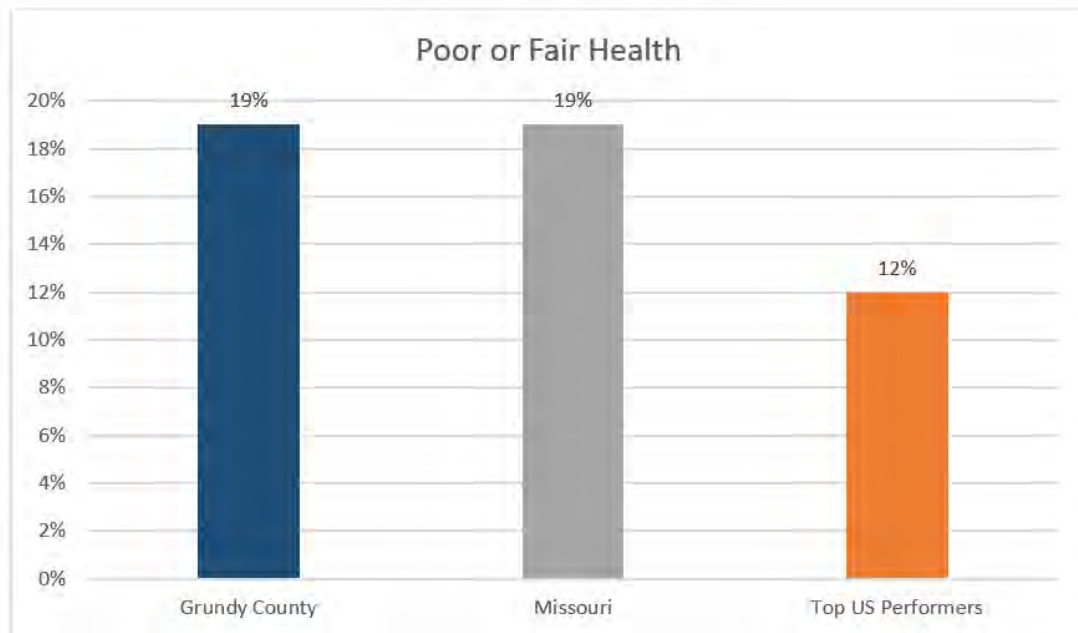
measure because it is indicative of maternal exposure to health risks, the current and future morbidity of the infant, and risk of premature mortality. In 2016, the percentage of Grundy County residents who considered themselves to be in poor or fair health was equivalent to the average Missouri County at 19 percent. Grundy County also ranked worse than the average Missouri County in the number of poor physical health days reported by residents. Overall, Grundy County ranked 51 out of the 114 counties on morbidity measures assessed in Missouri.

Figure 8: Morbidity Indicators

Indicator	Grundy County	Missouri	90th Percentile
Poor Or Fair Health (2016)	19%	19%	12%
Poor Physical Health Days (2016)	4.5	4.2	3.0
Poor Mental Health Days (2016)	4.5	4.4	3.1
Low Birth Weight (2010-2016)	8.0%	8.0%	6.0%

Source: countyhealthrankings.org

Figure 9: Poor or Fair Health Measure (2016)



Source: countyhealthrankings.org

Heart Disease

Heart disease is the leading cause of death in Grundy County. According to the Centers for Disease Control and Prevention, heart disease is the leading cause of death among both men

and women in the United States and accounts for about 630,000 deaths each year, or one in four deaths. This is a major health issue in the United States.

Figure 10: Heart Disease

Grundy County Chronic Disease Profile: Heart Disease	Number of Events	Age-Adjusted Rate
Hospital Admissions (2011-2015)	821	107.49
ER Visits (2011-2015)	1,512	24.33
Deaths (2006-2016)	376	198.16

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

Cancer

Cancer is the second leading cause of death in Grundy County and in the United States. It is one of the biggest health concerns for the population. In 2015, approximately 596,000 people died of cancer in the United States.

Among deaths from cancer, lung cancer made up the biggest percentage of cancer deaths in Grundy County from 2006 to 2016.

Figure 11: Deaths from Cancer in Grundy County (2006 – 2016)

Cancer	Number of Events	Age-Adjusted Rate
Lung Cancer	87	51.46
Colorectal Cancer	41	22.34
Breast Cancer	25	15.04
Total	352	201.77

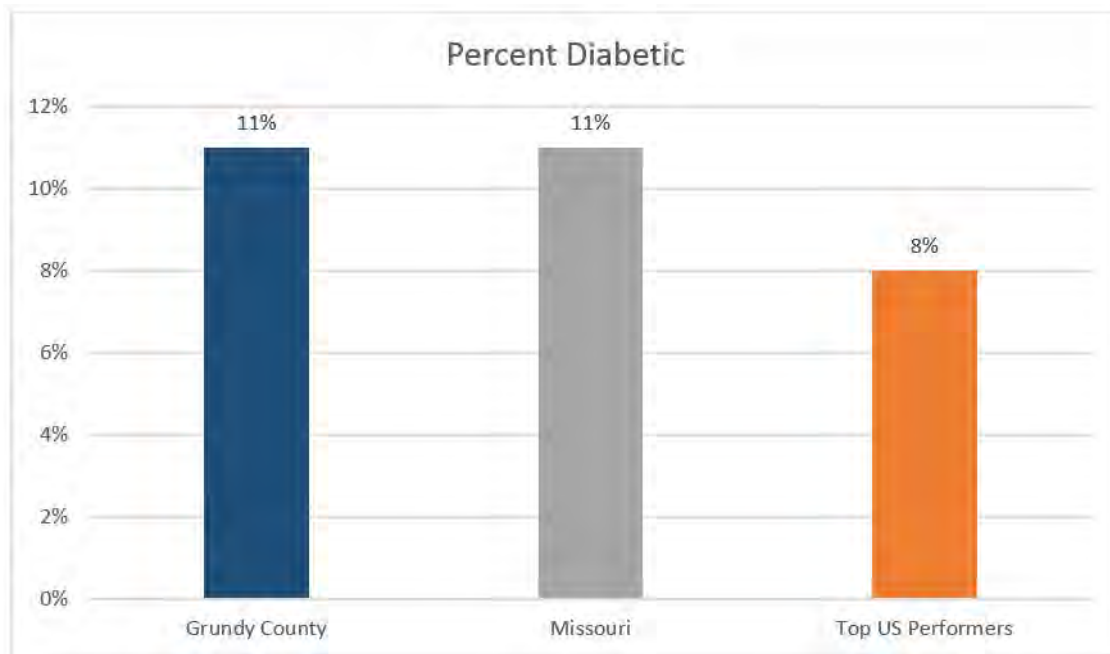
Source: Missouri Department of Health and Senior Services, Missouri Resident Death - Leading Causes Profile

Diabetes

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

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

Figure 12: Percent of Adults Diabetic (2014)

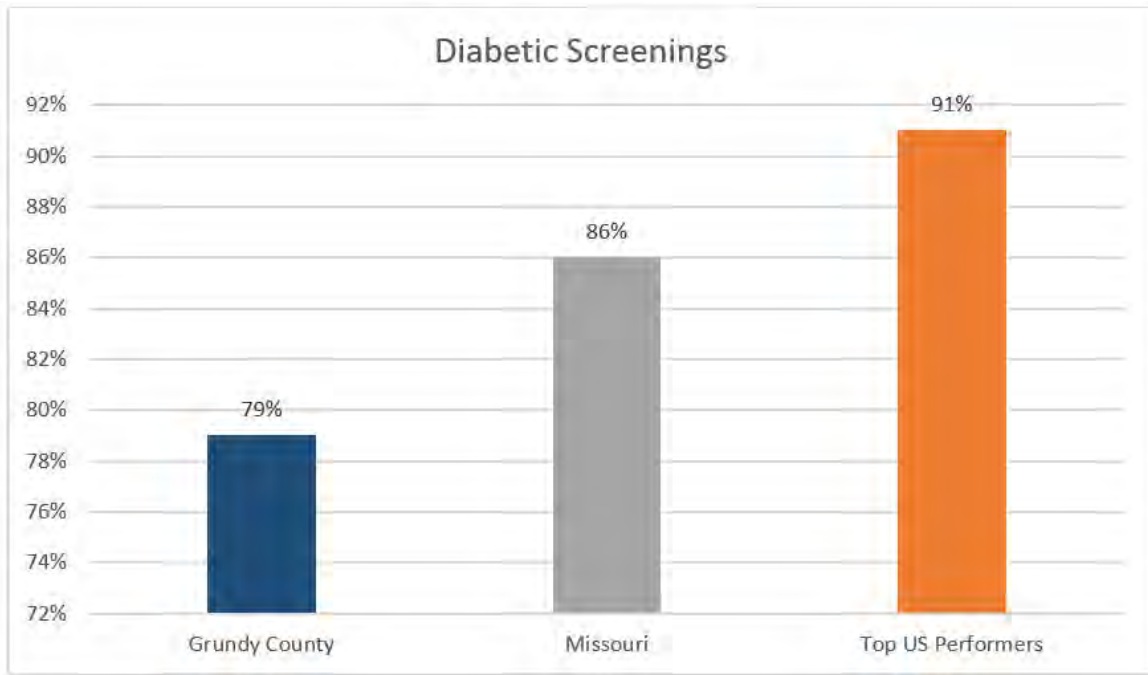


Source: countyhealthrankings.org

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

blood sugar control was screened in the past year. Regular HbA1c monitoring is considered to be the standard of care for diabetes. Grundy County ranks lower than the average Missouri County in this measure, at 79 percent.

Figure 13: Diabetic Screening (2014)



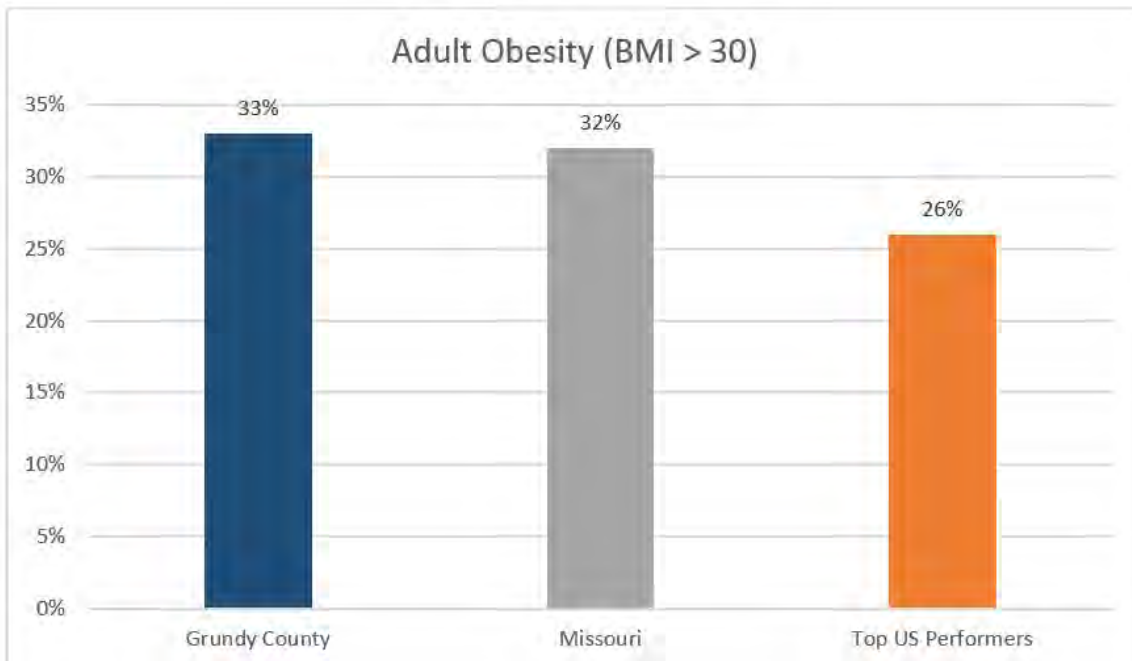
Source: countyhealthrankings.org

Adult Obesity

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

health of a particular community. In 2014, the percentage of obese adults in Grundy County was higher than the average Missouri County at 33 percent.

Figure 14: Percent of Adults with Obesity (2014)



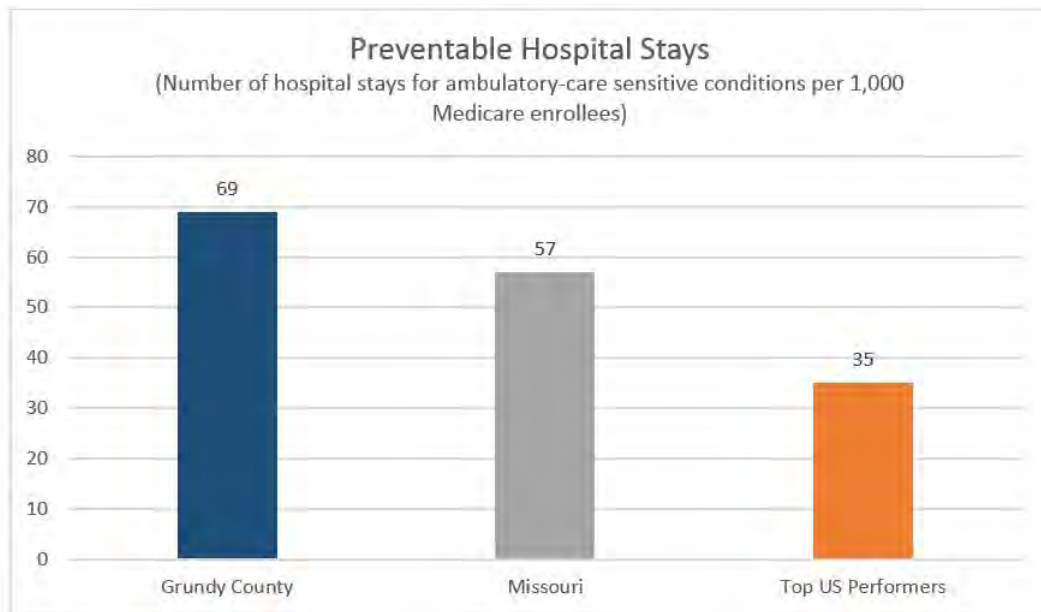
Source: countyhealthrankings.org

Preventable Hospital Stays

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

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

Figure 15: Preventable Hospital Stays for Grundy County Medicare Residents (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 suffer from mental illness in a given year. This accounts for nearly 18 percent of all U.S. adults. Mental health and physical health are interconnected.

Figure 16: Mental Health Factors

	Grundy County	State Median	National (top 10%)
Access to Mental Health Providers (2017)	730:1	590:1	330:1
Poor Mental Health Days (2016)	4.5 (per 30 Days)	4.4 (per 30 Days)	3.1 (per 30 Days)

Source: countyhealthrankings.org

Health Behaviors

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

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

Figure 17: Health Behaviors

	Grundy County	State Median	Top U.S. Performers
Adult Smoking (2016)	21%	22%	14%
Food Environment Index (2015) (out of 10)	6.8	6.7	8.6
Physical Inactivity (2014) (adults over 20 reporting no leisure physical activity)	29%	26%	20%
Teen Pregnancy Rate (2010-2016) (per 1,000 15-19 year old females)	44	30	15
Sexually Transmitted Infections (2015) (Chlamydia, Per 100,000 population)	313.8	477.4	145.1

Source: countyhealthrankings.org

Access to Care

Access to Primary Care Physicians

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

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

Figure 18: Access to Care

	Grundy County	Missouri	Top U.S. Performers
Primary Care Physician Ratio (2015)	3,370:1	1,420:1	1,030:1
Mental Health Provider Ratio (2017)	730:1	590:1	330:1
Dentists (2016)	2,030:1	1,810:1	1,280:1
Uninsured Adults (2015) (Adults under 65 without insurance)	16%	14%	7%
Uninsured Children (2015)	8%	6%	3%
Health Care Costs (2015) (Average price adjusted Medicare reimbursements per enrollee)	\$10,108	\$9,750	-

Source: countyhealthrankings.org

A. National Priorities

Healthy People 2020

The Healthy People 2020 initiative identifies 10-year national objectives to improve the health of the United States population. According to the United States Department of Health 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

Section IV: Summary of Findings

Community Health Needs

Priority 1: 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

In 2015, 84 percent of Grundy County adults had health insurance and 92 percent of Grundy County children had health insurance. Healthy People 2020 has a goal of 100 percent health insurance coverage for adults and children.

Poverty rates in Grundy 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, 19.9 percent of the population or 1,975 persons in Grundy County were at or below the FPL. A better indicator of overall numbers of individuals that are

struggling financially is to look at the population at or below 200 percent the FPL. In 2016, 41 percent of the population or 4,092 persons in Grundy County were at or below 200 percent of the FPL. These indicators are relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

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

- Wright Memorial Hospital
- Grundy County Health Department
- Healthcare.gov
- Preferred Family Healthcare
- Saint Luke's Green Hills Medical Clinic

Priority 2: Physical Activity

Overview

Grundy County demonstrated a need for increased physical activity and nutrition for the community as a whole. Physical activity and nutrition play a vital role in the overall health of members of a community.

Prevalence

Physical Activity/Nutrition – The chart below shows the physical activity indicators as well as the nutrition factors for Grundy County in comparison to the state median value. These demonstrate a need for more healthy food options in Grundy County.

Figure 19: Physical Activity and Nutrition Factors

Indicator	Grundy County	State Median	Top U.S. Performers
Physical Inactivity (2014) (percent of adults age 20 and over reporting no leisure-time physical activity)	29%	26%	20%
Access to Exercise Opportunities (2016) (population who live close to park/rec facility)	59%	77%	91%
Food Insecurity (2015) (percent of population)	15%	16%	10%
Limited Access to Health Foods (2015) (percent of population who are low-income and do not live close to a grocery store)	13%	7%	2%

Source: countyhealthrankings.org

Diabetes – Diabetes prevalence among adults in Grundy County has held steady with the Missouri average of 11 percent. The risk for increased prevalence rises with an aging population in an environment lacking resources to support improved nutrition.

Obesity – Rates of obesity have continued to increase in Grundy County, trending upward since 2004. In 2014, Grundy County’s obesity rate surpassed the state average.

Impact

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

Diabetes – Poor nutrition and a lack of physical activity can lead to diabetes. Diabetes is a leading cause of death in Grundy County, and ranks in the top ten of leading causes of death nationally. Diabetes can lead to many other medical complications including blindness, end-stage renal disease, and possible amputation.

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

Available Resources

- Ketcham Community Center
- Grundy County Health Center
- Wright Memorial Hospital’s walking paths
- Crowder State Park
- Pershing State Park
- American Diabetes Association
- American Heart Association

Priority 3: 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-fifth of adults and one-fifth of children having a mental health disorder in 2016.

Primary data sources identified behavioral health needs as high priority for the community. Additionally, interviews with Wright Memorial Hospital and the Grundy County Health Department staff identified behavioral health as a common secondary diagnosis 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, a nationally representative epidemiological survey shows 68 percent of people with a diagnosed mental disorder report having at least one general medical disorder and 29 percent of people with a medical disorder had a comorbid mental health 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 affects the biomedical needs of the Grundy County Community as well.

Available Resources

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

Priority 4: Smoking Cessation

Overview

Smoking remains the leading preventable cause of premature disease and death in the United States. The chemicals and chemical compounds in tobacco smoke are carried in the blood to all parts of the body. Smoking can cause cancer, heart attack, stroke, asthma attacks, COPD, emphysema, and chronic bronchitis among other conditions. Exposure to secondhand tobacco smoke has also been linked to cancer, respiratory, and cardiovascular diseases, and to adverse effects on the health of infants and children.

Prevalence

Despite decades of warnings on the dangers of smoking, nearly 42 million adults and more than 3.5 million middle and high school students continue to smoke cigarettes. Significant disparities in tobacco use persist among certain racial/ethnic populations, and among groups defined by educational level, socioeconomic status, and geographic region. The majority (88 percent) started smoking before 18 years of age, and nearly all first use of cigarettes occurs before 26 years of age.

In 2016, approximately 21 percent of the Grundy County population self-reported smoking cigarettes some days or every day. This is slightly lower than the state average of 22 percent, and significantly higher than the national average of 17 percent.

Impact

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

In addition to the impact that smoking has on health and well-being, the United States pays enormous financial costs because of smoking. In 2014, productivity losses from premature death alone exceeded \$150 billion per year. Additionally, the value of lost productivity due to premature deaths caused by exposure to secondhand smoke were estimated to be \$5.6 billion per year. The annual costs of direct medical care of adults attributable to smoking was estimated to be over \$170 billion in 2014.

Figure 20: Adult Smoking

Report Area	Total Population Age 18	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)
Grundy County, MO	7,796	1,902	24.4%
Missouri	4,532,155	1,024,267	22.6%
United States	232,556,016	41,491,223	17.8%

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

Available Resources

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

Section V: Appendix

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

Hospital Leadership

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

Public Health Contributors

Grundy County Health Center

Community Partners

North Central Missouri Mental Health
 Trenton R-IX Schools
 Preferred family Healthcare
 Hometown Pharmacy

	Wright Memorial Hospital	Grundy County Health Department	North Central Missouri Mental Health	Trenton R-IX Schools	Preferred Family Healthcare	Hometown Pharmacy
Represents Public Health		X				
Represents Medically Underserved Populations	X	X	X			
Represents Low Income Populations	X	X	X	X		
Represents Populations with Chronic Disease Needs	X	X	X			
Represents Minority Populations	X	X	X	X		

Primary Data/Key Informant/Focus Group Summaries

Hospital Leadership

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

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

Public Health – Grundy County Health Center

Attendees: Elizabeth Gibson, Trenton Stringer

- Needs Identified: Behavioral Health, Access to Care, Tobacco/Nicotine, Obesity

Other Community Stakeholder Interviews

Stakeholder: North Central Missouri Mental Health

- Needs Identified: Opioids, Obesity, Transportation, Housing, Collaboration between organizations, Lack of medical psychiatry teams, Community resource awareness

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 WMH'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

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

Stakeholder: Trenton R-IX Schools, Dan Wiebers, Superintendent

- Needs Identified: Access to care, Housing, Poverty, Cost of health care

Stakeholder: Hometown Pharmacy

- Needs Identified:

Stakeholder: Preferred Family Healthcare

- Needs Identified:

datatypes and datasets, especially when data is not always collected annually, meaning that some data is several years old. Furthermore, disaggregated data around age, ethnicity, race, and gender is not available for all data indicators, which limited the ability to examine disparities of health within the community.

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

C. Evaluation of Impact

Wright Memorial 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
1	Improved Access to Care		
1.1	Wright Memorial Hospital will continue to accept Missouri 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, Wright Memorial Hospital has the ability to connect local patients with a range of highly trained physician specialists. WMH has also recently enhanced access to healthcare services for our community by opening a weekend clinic that provides primary care services on Saturdays and Sundays. Wright Memorial Hospital offers a wide range of services.	On Target	On-Going
2	Increased Access to Physical Activity and Nutrition		
2.1	Wright Memorial Hospital offers nutrition counseling through an on-site dietitian, providing education on nutrition and healthy eating strategies to community members year round	On Target	On-Going
2.2	The hospital works to provide healthy meal options for employees, patients, and visitors from the community, and encourages employee participation in weightless and wellness challenges throughout the year	On Target	On-Going
2.3	The hospital continues to support community recreational events such as the annual WMH Foundation 10k/5k race.	On Target	On-Going
2.4	Support recreational organizations such as the Green Hills Recreation Association and the Trenton Parks System	On Target	On-Going
3	Behavioral Health Care		
3.1	The mental health team utilized by the telemedicine program has the training and expertise to address issues such as depression, stress, life transitions, family problems, crisis, grief and loss, mental illness, trauma-related issues, anxiety/panic disorders, and dual-diagnosis treatment.	On Target	On-Going
3.2	Wright Memorial Hospital will continue to offer a range of behavioral health services, including specialist and Tele-health services. The hospital will also continue to work with community partners such as The Grundy County Health Department to address this ongoing need.	On Target	On-Going
4	Smoking Cessation		
4.1	The hospital supports community efforts to create non-smoking initiatives in public places.	On Target	On-Going
4.2	Wright Memorial Hospital would like to integrate smoking cessation programs into patient care, and work toward better outcomes for all smoking related diseases.	On Target	On-Going

D. Prioritization Scorecard

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	
Identified Needs							
Behavioral Health	3	1	3	3	1	1	12.0
Access to Physical Activity and Nutrition	2	1	3	3	1	1	12.0
<i>Tobacco Cessation</i>	2	1	3	3	1	1	11.0
Access to Care	2	0	3	3	1	0	9.0
Opioids	3	0	2	2	1	1	9.0
Poverty	2	0	2	2	1	0	7.0
Chronic Disease	1	0	2	2	0	0	5.0
Access to Care	1	0	2	2	0	0	5.0
Stroke	1	0	1	1	0	0	3.0
COPD	1	0	1	1	0	0	3.0
Health Literacy	1	0	1	1	0	0	3.0
Housing	1	0	1	1	0	0	3.0

**Anything scoring a 10 or above was prioritized

E: Board Approval Date

The 2018 Community Health Needs Assessment was approved by Wright Memorial Hospital’s Board of Directors on November 26, 2018. This Community Health Needs Assessment specifies community health needs that Wright

Memorial 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.

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