

# SAINT LUKE'S COMMUNITY HEALTH NEEDS ASSESSMENT

2015

› Saint Luke's South Hospital



› **Contact us**

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 **Saint Luke's**  
SOUTH HOSPITAL

## Table of Contents

I.	Executive Summary	3
	a. Introduction	3
	b. Community Health Needs	4
	c. Key Contributors	5
II.	Methodology	6
	a. Definition of the Community	7
	b. Population Demographics	8
	c. Health Status of the Population	12
	d. National Priorities	24
	e. Local Priorities	25
III.	Summary of Findings	26
IV.	Appendix	35
V.	References	37

## Executive Summary

### About Saint Luke's South

Saint Luke's South Hospital is committed to serving the Johnson County, Kansas community. The 125-bed acute care hospital offers 24-hour emergency services with complete inpatient and outpatient diagnostic testing. Saint Luke's South is committed to quality care and was recognized as a top ranked hospital in Kansas in the U.S. News & World Report for 2014-2015. The hospital was also recognized for its high performing Orthopedics program. The hospital offers a wide range of services that include: bariatric surgery, comprehensive neurological care, breast care, cancer care, diabetes and endocrinology, gastroenterology, health and wellness, heart and vascular care, a hip and knee center, imaging services, infusion therapies, intensive care, outpatient lab, digital mammography, maternity care and neonatal-intensive care unit, orthopedics, pain management, palliative care, outpatient pharmacy, psychiatry, rehabilitation, sleep disorders, and surgical services.

### *Saint Luke's South Mission*

Saint Luke's South 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 committed to enhancing the physical, mental, and spiritual health of the communities we serve.

### *Saint Luke's South Vision*

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

### About Saint Luke's Health System

Saint Luke's South 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.

### Community Health Needs Assessment Objectives

Saint Luke's South 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 community 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 Johnson 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 Saint Luke's South's community.

### Priority 1: Access to Care

- Access to care is a national and local priority focused on the need to better support the uninsured, underinsured, and healthcare service shortages.
- In Johnson County, almost 100,000 individuals are at or below 200% of the Federal Poverty Level (FPL) leaving services out of reach because of the cost of care.
- Without the proper access to care, individuals are more likely to experience multiple chronic health problems, disabilities, and a shorter life expectancy.
- The two leading causes of death in Johnson County are cancer and heart disease. Both are chronic conditions and accounted for 41% of deaths in Johnson County in 2013.
- Other health indicators identified the need for better mental health and substance abuse support in the community.

### Priority 2: Increased Access to Physical Activity and Nutrition

- Johnson County demonstrated a need for increased physical activity and better access to healthy foods.
- The numbers of both obese and overweight residents have continued to increase.
- Approximately 7% of the population in Johnson County has been diagnosed with diabetes. Nationally, diabetes accounts for about \$176 billion in annual medical expenses.
- Two areas of concern in Johnson County are food insecurity and access to healthy foods.
- According to the Centers for Disease Control and Prevention (CDC), 84% of all health care spending in 2006 can be attributed to 50% of the population who have one or more chronic conditions.
- Prevention and early detection are two of the best methods for avoiding chronic conditions. Prevention through risky behavior modification and early detection through available screenings are two examples of how chronic conditions can be avoided.

### Priority 3: Management of Transitions of Care

- Transitions of care are a hot topic priority for The Joint Commission (TJC) and considered a major problem in health care by the Center for Medicare and Medicaid Services (CMS).
- Research shows that 80% of serious medical errors are the result of poor care transitions.
- The aging population is especially at risk as this population is more likely to face chronic conditions that require more complex and coordinated care.
- The Johnson County 65 and up age group is expected to increase more than any other age group over the next five years and will account for 15% of the Johnson County population making transitions of care a key area of focus in order to prevent avoidable patient readmissions.

## Key Contributors

### Hospital Leadership

President and Chief Executive Officer – Jani Johnson, R.N., M.S.N

Chief Financial Officer – Shelby Frigon

Vice President and Chief Nursing Officer – Julia Woods, R.N., M.S.N

### Public Health Collaborations

Johnson County Department of Health and Environment

### Community Partners

Health Partnership Clinic of Johnson County (HPCJC)

Metropolitan Organization to Counter Sexual Assault (MOCSA)

Medical Society of Johnson and Wyandotte Counties (Wy/Jo Care)

American Heart Association (AHA)

American Lung Association

## Assessment Methodology

To prepare the CHNA, both primary sources and secondary data were compiled and analyzed. The CHNA team conducted multiple interviews with hospital leadership and community stakeholders to better understand the needs in the community. Secondary quantitative data was pulled and analyzed from multiple community and hospital sources to better understand the impact of each of the identified needs.

### Primary Data

Primary data was collected by connecting with community stakeholders to discuss the needs of the Johnson County population. Stakeholders were chosen to represent broad interests of the community, including underserved populations. Stakeholders provided information, which was used to help identify and prioritize community needs.

### Primary Data Sources

- Saint Luke's South Senior Leadership
- Johnson County Department of Health and Environment
- Health Partnership Clinic of Johnson County (HPCJC)
- Metropolitan Organization to Counter Sexual Assault (MOCSA)
- Medical Society of Johnson and Wyandotte Counties (Wy/Jo Care)
- American Heart Association
- American Lung Association

### Secondary Data

Secondary data was collected through multiple community resources. The most current data available was compiled and analyzed for key population health indicators.

### Secondary Data Sources

- County Health Rankings
- KC Health Matters
- 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)
- Sg2 Nielsen Population and Demographic Data
- Johnson County Government Data
- City Data

## Community Analysis

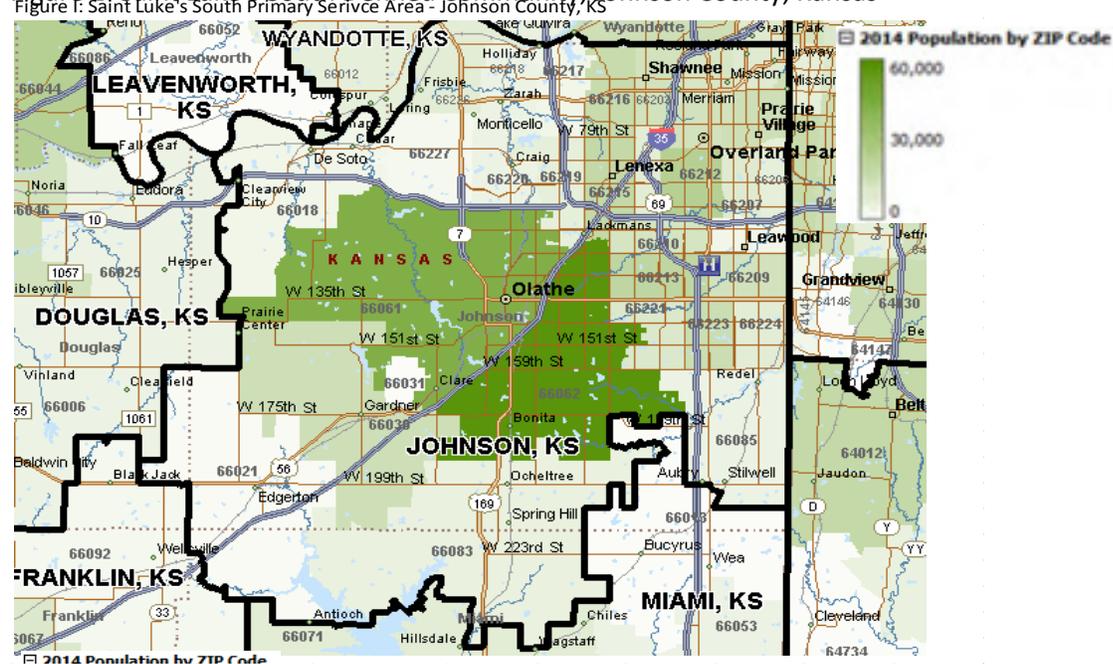
### Demographic Profile

This section outlines the demographic profile for Saint Luke's South Hospital's defined community.

### Geography

Saint Luke's South Hospital's community is defined as Johnson County, Kansas (see Figure 1). Johnson County includes 32 zip codes.

Figure 1: Saint Luke's South Defined Community, Johnson County, Kansas



### Johnson County

Johnson County is located on the eastern state line of Kansas in the southwest quadrant of the Kansas City metro area. The total land area is 473 square miles, which is about 0.6% of the total land area in Kansas. Johnson County is the most populous county in Kansas with a population density of 1,150 persons per square mile. About 59% of Johnson County is urban land while the remaining 41% is unincorporated/rural areas ("Fast Facts," 2014). About 96% of the population lives in an urban area and 4% live in a rural area ("Johnson County," 2012).

Figure 2: Johnson County Geography

Geography	Johnson County	Kansas
Land area in square miles, 2010	473	81,759
Persons per square mile, 2010	1,150	35
FIPS Code (Federal Information Processing Standard)	91	20
Metropolitan or Mircopolitan Statistical Area	Kansas City, MO - KS Metro Area	

\*Source: US Census Bureau, 2010

### Population Characteristics

As of 2014, the Johnson County population was 573,915. The age group 18 to 44 makes up the largest portion of the population at 35% or 202,608 people followed by the age group 45 to 64 at 27% or 154,767 people. The smallest age group is 65 and up at only 12% of the population or 70,426 people.

Figure 3 : Johnson County Age Profile, 2014

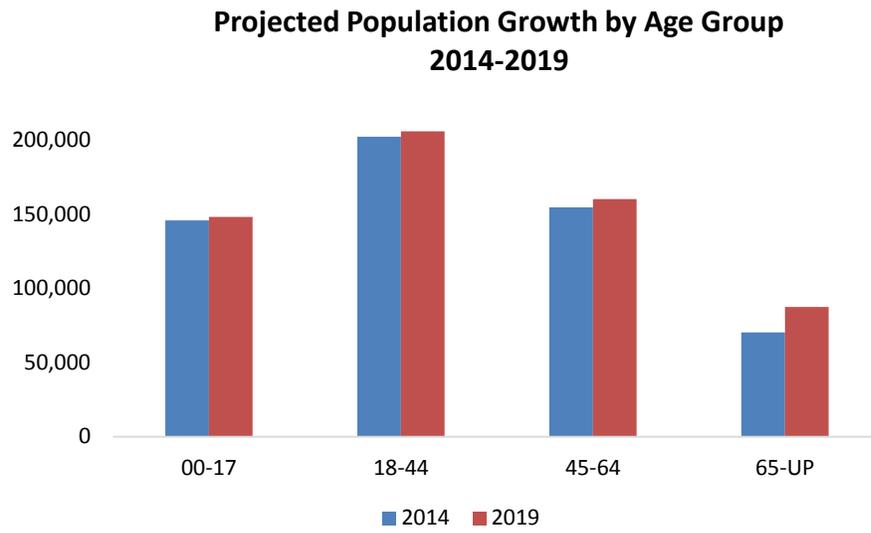
Age Group	2014	
	Population	% of Total
00-17	146,114	25%
18-44	202,608	35%
45-64	154,767	27%
65-UP	70,426	12%
Total	573,915	100%

\*Source: Sg2 Population and Demographic Data

### Population Growth

The Johnson County population is expected to grow by 5.0% or 28,773 people in the next 5 years. In 2019, the 65 and up age is expected to have the highest growth with an increase of 24% or 17,158 people. The 65 and up age group is expected to account for 15% of the population in 2019. The age group 45 to 64 is expected to grow by 4% or 5,636 people. The other age groups are each expected to grow by 2%. The 18 to 44 age group will drop from 35% of the population to 34%. The other age group's total percent of the population will remain relatively consistent from 2014 to 2019.

Figure 4: Projected Population Growth by Age Group, 2014-2019



\*Source: Sg2 Population and Demographic Data

#### *Gender Characteristics*

Johnson County has a slightly higher percentage of females to males at 51.1% (or 293,254 individuals) to 48.9% (or 280,661 individuals). According to the 2010 Johnson County Census, the median age for females was 37.6 years and the median age for males was 35.2 years. Based on population estimates, both genders are expected to grow by about 5% through 2019 (Sg2 Population and Demographic Data).

#### *Marital Status*

Based on the American Community Survey, 2009-2013 estimates show that the majority of the population 15 years and older is married (57.5%). The next largest group is those that have never been married, which account for 26.0% of the population. The divorced population makes up 10.7% of the population followed by widowed and separated at 4.6 and 1.2% of the population, respectively.

#### *Ethnicity*

The majority of the population in Johnson County is white (84.7% in 2014). The white population is expected to have the lowest growth rate from 2014 to 2019 at 2.8% (or 13,773 individuals) and will account for 83.0% of the population in 2019. The black/African-American population is the next largest at 4.9% of the population in 2014 with an expected growth of 22.6% (or 6,399 individuals) from 2014 to 2019. The Asian population is expected to grow from 4.3% of the population to 4.5% of the population during this time frame. The multiple races and other ethnicity groups are both expected to grow by about 17.0% to make up a little over 6.0% of the population in 2019. The American Indian/Alaskan Native and Native Hawaiian, and Pacific Islander ethnicities group together to account for less than 1.0% of the population. Both ethnicities are expected to grow by over 20.0% from 2014 to 2019.

Figure 5: Projected Population Growth by Single Race 2014-2019

Single Race	2014		2019		Population Change	
	Population	% of Total	Population	% of Total		
White	486,344	84.7%	500,117	83.0%	13,773	2.8%
Black / African American	28,374	4.9%	34,773	5.8%	6,399	22.6%
Asian	24,747	4.3%	27,253	4.5%	2,506	10.1%
Multiple Races	15,845	2.8%	18,663	3.1%	2,818	17.8%

\*Source: Sg2 Population and Demographic Data

### Language

In 2014, 88.4% of the population speaks only English in Johnson County. Almost 96% of the population speaks English very well and another 2.1% of the population speaks English well. As of 2014, only about 0.3% of the population does not speak English. The language mix is expected to stay consistent through 2019. The Spanish language accounts for the second largest percentage of the population at 5.3%, which is expected to account for only 5.2% in 2019.

Figure 6: Projected Population Growth by Language 2014-2019

Language	2014 Pop		2019 Pop		Population Change	
	Population	% of Total	Population	% of Total		
Only English	472,396	88.4%	497,837	88.5%	25,441	5.4%
Spanish	28,197	5.3%	29,483	5.2%	1,286	4.6%
Indo-European	14,804	2.8%	15,380	2.7%	576	3.9%
Asian-Pacific	12,006	2.2%	12,442	2.2%	436	3.6%
Other Lang	7,085	1.3%	7,323	1.3%	238	3.4%
Total	534,488	100.0%	562,465	100.0%	27,977	5.2%

\*Source: Sg2 Population and Demographic Data

Figure 7: Projected Population Growth by Ability to Speak English 2014-2019

Ability to Speak English	2014 Pop		2019 Pop		Population Change	
	Population	% of Total	Population	% of Total		
English Very Well	512,664	95.9%	539,665	95.9%	27,001	5.3%
English Well	11,288	2.1%	11,803	2.1%	515	4.6%
English Not Well	9,080	1.7%	9,469	1.7%	389	4.3%
English Not at All	1,456	0.3%	1,528	0.3%	72	4.9%
Total	534,488	100.0%	562,465	100.0%	27,977	5.2%

\*Source: Sg2 Population and Demographic Data

### Education

In Johnson County, almost 96% of the population over 25 years of age has a high school diploma or higher. Of that group, an additional 21.4% have some college education and 43.8% have a professional, associate's, or bachelor's degree. Only about 4.3% of the population has not attained a high school diploma. In the state of Kansas, 89.8% of the population over 25 years is at least a high school graduate (Sg2 Population and Demographic Data).

### Employment

About 70% of the population above 16 years of age is employed in Johnson County. About 4.3% of the population is unemployed. The cities that have the highest unemployment rates are Edgerton, Mission, Gardner, and Lenexa (Sg2 Population and Demographic Data).

### Housing Profile

Figure 8: Johnson County Housing Profile

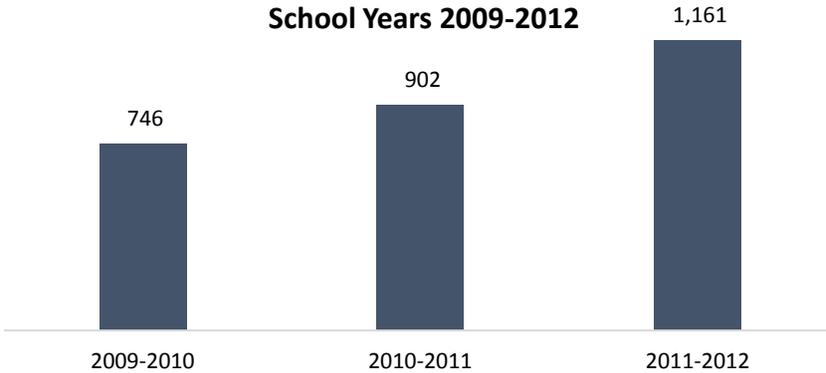
Housing Profile	2010 Census Data
Housing Units	226,571
Occupied Housing Units	94.0%
Renter Occupied Housing Units	29.2%
Persons Per Household	2.53
Single-Parent Households	18.0%

\*Source: U.S. Census Bureau, 2010

### Homelessness

Based on a Point in Time measure of homelessness, there were 213 persons without a home on January 22, 2013 in Johnson County. Of those individuals, over 50% were under the age of 18 years. The homeless rate for children has increased from 2009-2012. The homeless rate increased 56% from the 2009-2010 school year to the 2011-2012 school year. The Olathe school district had the fourth highest number of homeless students in the Kansas City Metro during the 2011-2012 school year with 509 students.

**Homeless Students Grades K-12  
School Years 2009-2012**



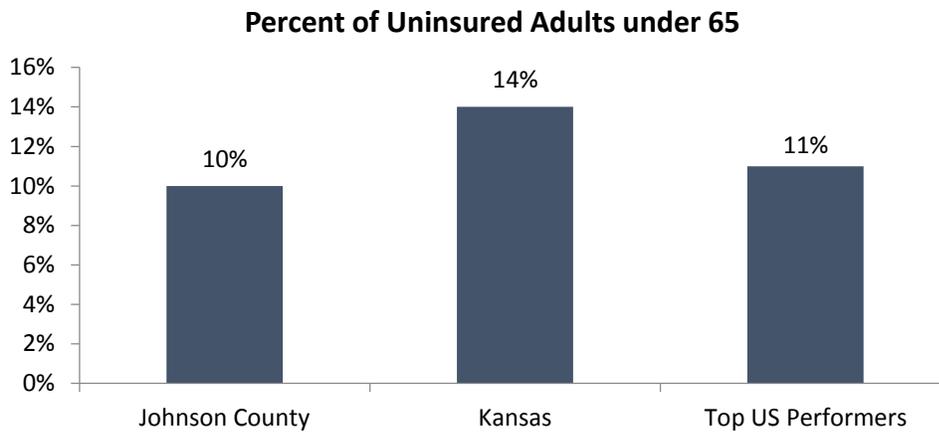
\*Source: Homelessness Task Force of Greater Kansas City

Figure 9: Homeless Students Grades K-12 in KC Metro, 2009-2012

*Uninsured Population*

In Johnson County, 88% of adults and 95.3% of children have health insurance. According to the REACH foundation, in 2011, 48,679 individuals in Johnson County did not have health insurance. The largest number of uninsured was in the 25-34 age range followed by the 35-44 age range.

Figure 10: Percent of Uninsured Adults under 65



\*Source: County Health Rankings, 2011

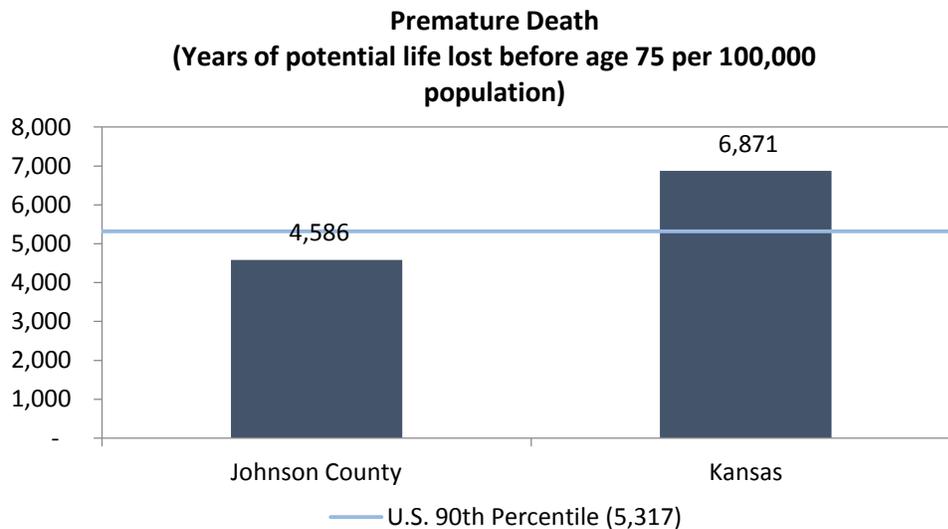
## Health Status of the Population

The following section focuses on measures related to the health status of the population that is served by Saint Luke's South Hospital. The measures are specific to Johnson 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 Johnson 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 11 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 (Dranger & Remington, 2004). The premature death measure avoids focusing on causes of death related to age. Johnson County has a premature death rate well below the U.S. 90<sup>th</sup> percentile of 5,317, while also doing better than the state with a YPLL 2,285 lower than Kansas. This measure indicates that the health status of the population in Johnson County is relatively good when compared to the state of Kansas and the United States.

Figure 11: Premature Death Rate



\*Source: County Health Rankings, 2010 - 2012

### 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 Johnson County for years 2011 to 2013. The rankings have remained relatively stable over the three-year period with cancer and heart disease being the top two leading causes of death in Johnson County.

Figure 12: Leading Causes of Death

Cause of Death	2011		2012		2013	
	Percentage	Rate	Percentage	Rate	Percentage	Rate
Cancer*	22%	141	23%	145.2	23%	143.6
Heart disease*	19%	118.1	17%	106.3	18%	108.4
Atherosclerosis*	6%	37.9	9%	55.9	9%	52.2
Chronic lower respiratory diseases*	5%	35.8	5%	33.9	5%	33.6
Cerebrovascular disease (Stroke)*	5%	32.8	5%	33.6	5%	30.5
Alzheimer's disease*	3%	18.7	3%	18.8	3%	19.2
Kidney disease (nephritis/nephrotic syndrome/nephrosis)*	2%	13.2	2%	13.4	2%	15.4
Suicide*	2%	11.6	3%	16	2%	14.3
Pneumonia and influenza*	2%	11.5	2%	12.1	2%	11.8
Diabetes*	2%	12	2%	10.2	1%	9.6

\*Source: Kansas Department of Health and Environment

The 30-day risk standardized mortality rate for Saint Luke's South Hospital was also assessed against the United States national rate. The figure below shows that, for the majority of the quality measures, Saint Luke's South Hospital performs no differently than the United States national rate. For the mortality rate for pneumonia, Johnson County actually performs better than the United States national rate. Based on this information from the Hospital Quality Alliance, there are no specific areas of concern for Saint Luke's South Hospital as they relate to 30-day mortality measures.

Figure 13: The 30-day risk standardized mortality rate

Quality Measure	Performance	SLSH Mortality Rate	U.S. National Rate
Mortality Rate for Heart Attacks	No different than U.S. National Rate	12.7%	14.9%
Mortality Rate for Heart Failure	No different than U.S. National Rate	9.9%	11.9%
Mortality Rate for Pneumonia	Better than U.S. National Rate	8.7%	11.9%
Mortality Rate for COPD	No different than U.S. National Rate	8.9%	7.8%
Mortality Rate for Stroke	No different than U.S. National Rate	13.8%	15.3%

\*Source: Hospital Quality Alliance

### Morbidity

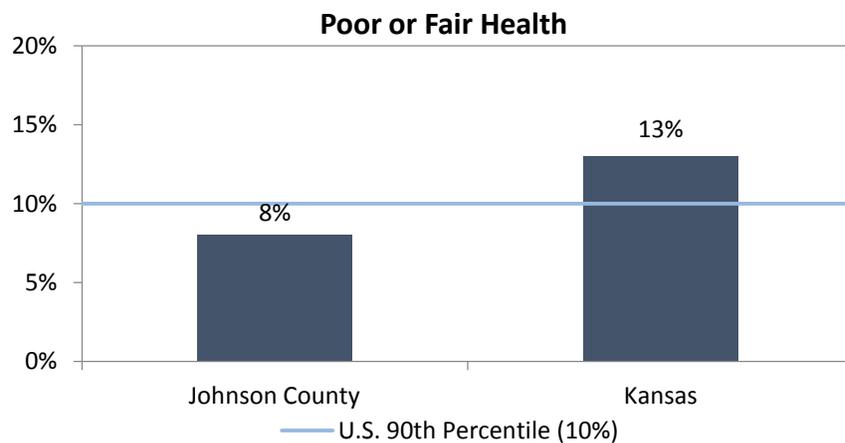
Morbidity measures are purported to measure the quality of life of individuals within a population. The goal of the measures is to focus on the impact that health status has on quality of life. The poor or fair health indicator is a self-reported measure of an individual's perception of their overall 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. While Johnson County's morbidity measures look good compared to the state of Kansas and the United States 90<sup>th</sup> percentile, Johnson County ranks 14<sup>th</sup> out of the 98 counties assessed in Kansas.

Figure 14: Morbidity Measures

Indicator	Johnson County	Kansas	90th Percentile
Poor Or Fair Health	8%	13%	10%
Poor Physical Health Days	2.4	3	2.5
Poor Mental Health Days	2.4	2.8	2.4
Low Birth Weight	6.3%	7.2%	6.0%

\*Source: County Health Rankings (2006-2012)

Figure 15: Poor or Fair Health Measure



\*Source: County Health Rankings (2006-2012)

### Heart Disease

Heart disease is one of the leading causes of death not only in Johnson County but also in the United States. According to the CDC, heart disease is the leading cause of death among both

men and women and accounts for about 610,000 deaths each year, or 1 in 4 deaths. This is a major health issue in the United States. In fact, its prevention, along with stroke, is one of the main objectives of Healthy People 2020 with a goal to "improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events" ("Heart Disease and Stroke," 2014).

Figure 16: Heart Disease Admissions

Indicator	Johnson County	Kansas
Heart Disease Hospital Admissions (per 100,00)	265.2	300.4
Congestive Heart Failure Hospital Admissions (per 100,00)	186.4	198.6

\*Source: Kansas Health Matters (2009-2011)

One area of concern in Johnson County is the percent of adults tested and diagnosed with high cholesterol. The table below shows that 36.3% of adults in Johnson County have been tested and diagnosed with high cholesterol. This percentage is more than double the Healthy People 2020 goal of 13.5%. According to the CDC, high cholesterol is one of the three key risk factors for heart disease along with hypertension and smoking. Approximately 49% of Americans have at least one of these risk factors.

Figure 17: Heart Disease Health Indicators

Indicator	Johnson County	Kansas	Healthy People 2020
Percent of Adults Tested and Diagnosed with High Cholesterol	36.3%	38.1%	13.5%
Percent of Adults Tested and Diagnosed with Hypertension	26.7%	31.3%	26.9%

\*Source: Kansas Health Matters (2013)

### Cancer

Cancer is the second leading cause of death in the United States after heart disease. In 2011, approximately 575,000 people died of cancer ("Centers for Disease," 2014). 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 death rates are listed in Figure 18. Lung cancer makes up the highest percentage of deaths from cancer in Johnson County.

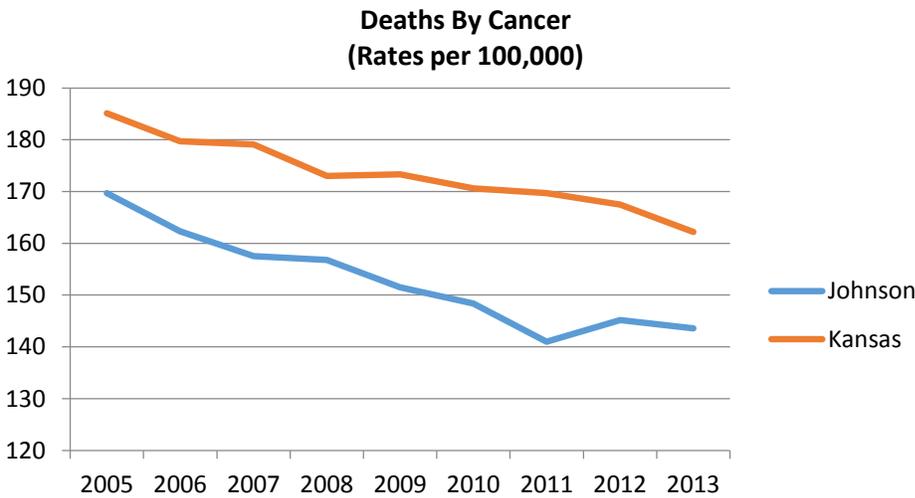
Figure 18: Deaths from Cancer in Johnson County (2010-2013)

Cancer	Percentage	Age-Adjusted Rate
Lung Cancer	25.59%	37.8
Colorectal Cancer	8.72%	12.2
Pancreatic Cancer	7.81%	11.6
Breast Cancer	7.06%	8.7
Prostate Cancer	5.11%	7.5
<b>Total</b>	<b>100%</b>	<b>144.5</b>

\*Source: Kansas Department of Health & Environment

The leading cause of death in Johnson County is cancer. In the graph below, the cancer mortality rates per 100,000 are shown for Johnson County and Kansas. As shown in the graph, the rates are trending downwards. Johnson County also has better rates when compared to the state of Kansas.

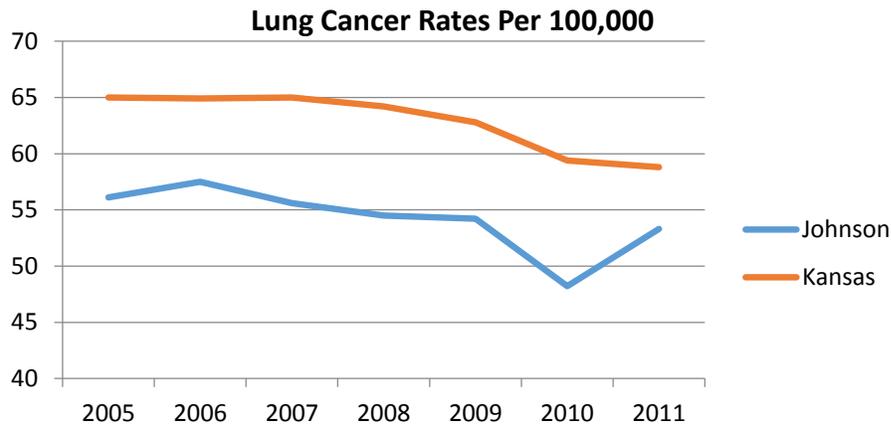
Figure 19: Deaths by Cancer



\*Source: Kansas Department of Health and Environment

Among deaths from cancer, lung cancer makes up the highest percentage and accounted for 25.59% of cancer deaths in Johnson County from 2010 to 2013. From 2010 to 2011, the lung cancer rate per 100,000 increased from 48.2 to 53.3. Johnson County has a lower rate than the state of Kansas.

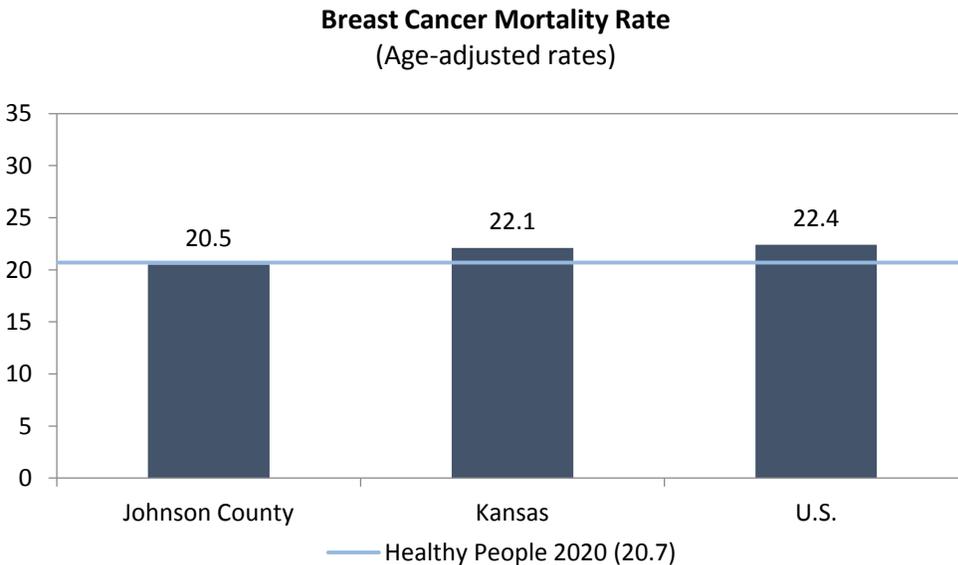
Figure 20: Lung Cancer Rates



\*Source: Kansas Department of Health and Environment

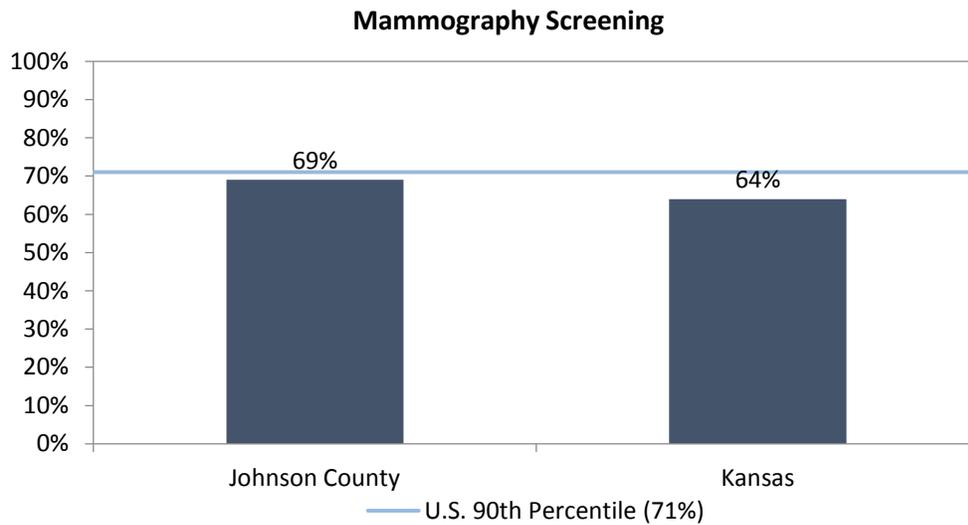
Breast cancer is also prevalent in the population. When cancer mortality rates are adjusted for gender, the female breast cancer mortality rate is 20.5 in Johnson County. Early detection is crucial when it comes to detecting cancer, especially breast cancer. Also shown below is the mammography screening percentage in Johnson County. Johnson County performs better than the United States national rate, but it is an area that could be improved upon.

Figure 21: Breast Cancer Morality



\*Source: County Health Rankings (2006-2012)

Figure 22: Mammography Screening

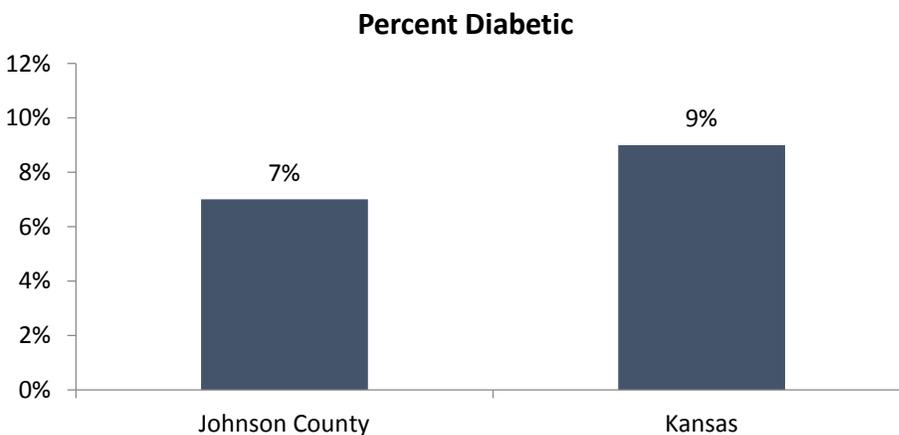


\*Source: County Health Rankings (2006-2012)

### Diabetes

Diabetes impacts many Americans and is a primary health concern in the United States. According to Healthy People 2020 (2014), diabetes impacts approximately 26.3 million people in the United States and it lowers life expectancy by up to 15 years, increases the risk of heart disease by 2 to 4 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 23: Percent of Adults Diabetic

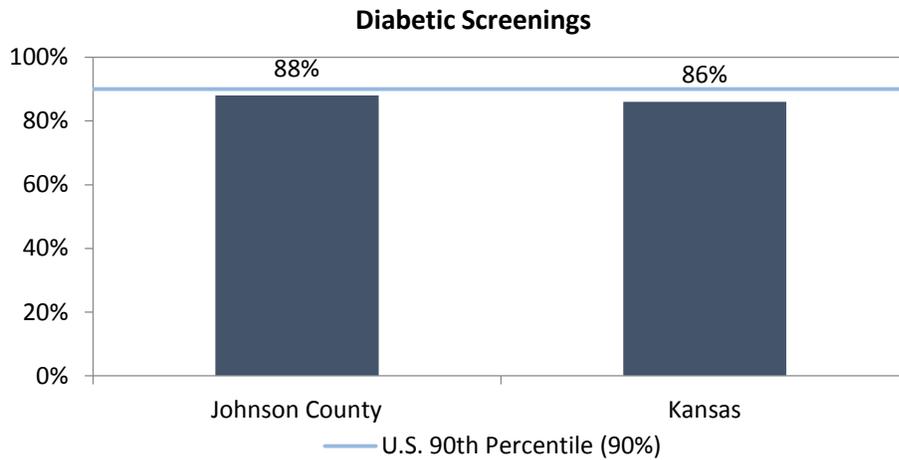


\*Source: County Health Rankings (2010)

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

whose blood sugar control was screened in the past year. This is considered to be the standard of care for diabetes (County Health Rankings).

Figure 24: Diabetic Screening

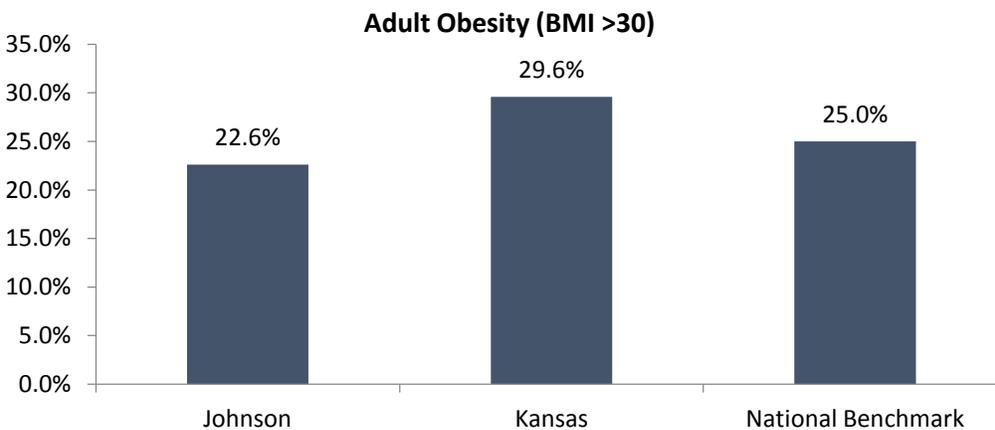


\*Source: County Health Rankings (2011)

### Adult Obesity

Adult obesity is important because obesity increases the risk of many other health conditions. These conditions include type 2 diabetes, cancer, hypertension, heart disease, stroke, and more health conditions. Monitoring and improving obesity rates have the ability to have substantial impact on the health of a particular community. The Healthy People 2020 initiative has a goal of decreasing the percentage of adults over 20 who are obese (BMI > 30) to 30.6%.

Figure 25: Percent of Adults with Obesity

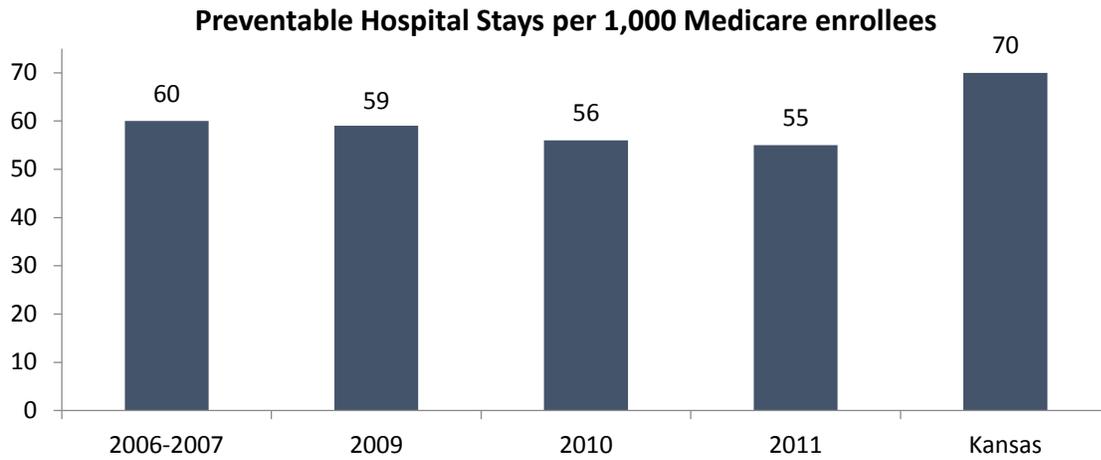


\*Source: Kansas Department of Health & Environment, 2011

### Preventable Hospital Stays

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 26: Preventable Hospital Stays



\*Source: County Health Rankings, 2011

### 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 13 million people suffer from mental illness in a given year. Mental health and physical health are interconnected. A person with mental illness can suffer from many other health problems if their mental state is not in a positive place. Mental health is an area in need of attention to help ensure all members of society are functioning at their highest level and contributing to the overall benefit of society. Healthy People 2020 has included mental health in its focus and has made it a priority for people to be aware of mental health.

Figure 27: Mental Health Factors

	Johnson County	State Median	National (top 10%)
Hospital Admission Rate for Mental Disorders	53.6 Per 10,000 people	67.1 Per 10,000 people	N/A
Access to Mental Health Providers	673:1	861:1	521:1
Poor Mental Health Days	2.4 Per 30 days	2.8 Per 30 days	2.4 Per 30 days
Suicide	14* Per 100,000 deaths	15.1 Per 100,000 deaths	12.6 Per 100,000 deaths

\*Source: County health rankings, 2011-2013

### 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 28: Health Behaviors

	Johnson County	State Median
Adult Smoking	13%	18%
Food Environment Index (out of 10)	8.5	7.5
Grocery Store Density (stores per 1,000 population)	0.12	0.20
Physical Inactivity (adults over 20 reporting no leisure physical activity)	18%	25%
Teen Pregnancy Rate (per 1,000 15-19 year old females)	16.2	33.9
Sexually Transmitted Infections (Chlamydia)	237 Per 100,000 population	369 Per 100,000 population

\*Source: County Health Rankings, 2011-2013

### 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 is a part of the Healthy People 2020 initiative. Excessive drinking as defined above can lead to impaired vision, mental capacity, judgment, and 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 29: Substance Abuse Factors

	Johnson County	State Median
Excessive Drinking (% of adults who report binge drinking in last 30 days)	18.2%	16.3%
Alcohol Impaired Driving Death (Percent of driving deaths alcohol related)	45%	31.5%
Youth who smoke cigarettes (% of youth smoking in last 30 days)	7.3% **	8.5%

\*Source: County Health Rankings, 2008-2012

### Access to Care

#### Access to Primary Care Physicians

Primary care physicians include M.D.'s and D.O.'s under the age of 75. Primary care specialties include general practice medicine, family medicine, internal medicine, and pediatrics. This measure indicates not only financial access but also physical access to providers. The goal of increased access to primary care physicians is to reduce utilization of unnecessary services. There has been clear evidence of unnecessary utilization associated with specialist visits. An appropriate availability of primary care physicians is essential in order to provide referrals to appropriate levels of care for patients. Appropriate access to primary care can help reduce the hospital readmission rates as well because patients receive the right care at the right time.

The Healthy People 2020 initiative for adults with health insurance and children with health insurance is 100%. Johnson County has not yet reached the 100% target.

Figure 30: Access to Care

	Johnson County	State Median
Primary Care Physician Ratio	960:1*	
Adults with Health Insurance	88%**	81.6%**
Children with Health Insurance	95.3%**	94.5%**
Hospital Admission Rate (Per 10,000 population)	892.0***	948.4***
Uninsured Adults (Adults under 65 without health insurance)	10% ***	14% ***

\*Source: County Health Rankings, 2009

\*\*Source: American Community Survey, 2013

\*\*\*Source: Kansas Department of Health and Environment, 2012

## 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

## Local Priorities

### Healthy Kansans 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

## Summary of Findings

### Community Health Needs

#### Priority 1: Access to Care

##### *Overview*

Access to care is a national and local priority through the Healthy People 2020 and the Healthy Kansans 2020 initiatives. 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 (“Kansas Health Assessment,” 2014 Nov). 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.

Access to health services for mental illness and substance abuse is also an area of concern for Johnson County. According to population statistics, citizens demonstrated higher than average risk in these two health areas. The need for improved mental health and substance abuse care is a national focus. According to information from our interview with the Health Partnership Clinic of Johnson County, access to behavioral health is an area of need. In 2013, the clinic began offering behavioral health services in the primary care setting to better meet the patients’ needs right on site. This includes the use of Tele-Psych to give patients access to needed medications and support with substance abuse programs. Alcohol and drug abuse problems were also highlighted in the data as a high-risk problem for citizens. The statistics are poor for Johnson County and the trends do not show major improvements in alcohol and substance-related incidents.

##### *Prevalence*

In Johnson County, 88% of adults and 95.3% of children have health insurance (“KC Health Matters,” 2013). Healthy People 2020 and Healthy Kansans 2020 both have a goal of 100% health insurance coverage for adults and children. About 26.6% of Kansans over the age of 18 lack a primary care provider (“KC Health Matters,” 2012). According to the REACH Healthcare Foundation, in 2011, 48,679 individuals in Johnson County did not have health insurance. The largest number of uninsured was in the 25-34 age range followed by the 35-44 age range (“Health Profile,” 2013).

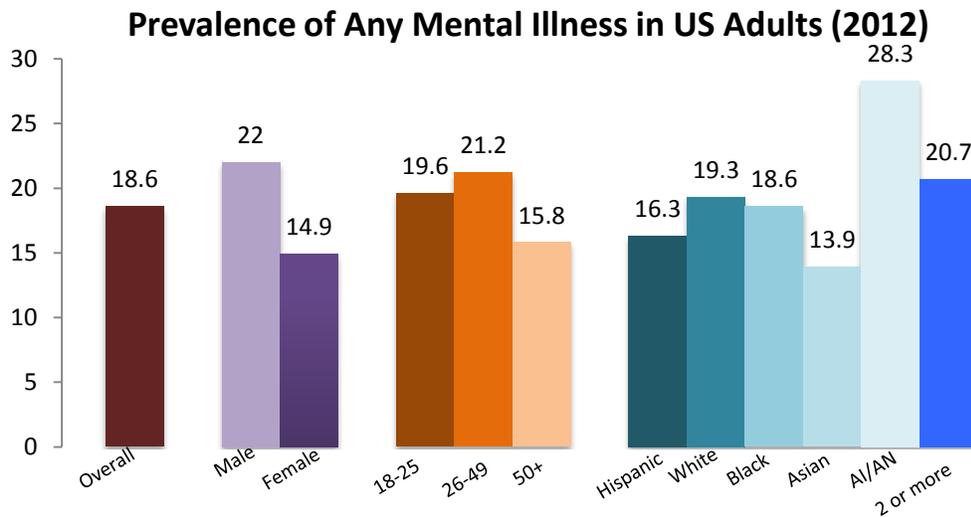
Poverty rates in Johnson County are also an area of concern because of the financial costs of health care. Many individuals will forego medical care if they are unable to afford services. In 2011, 6.6% of the population or 36,071 persons in Johnson County were at or below the FPL. The number of individuals with income below 100% of the FPL increased from 6.6% of the population in 2011 to 6.8% of the population in 2012. 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 (“Johnson County Poverty,” 2013). In 2011, in Johnson County, 18.9 percent were at 200% of the FPL, or 103,068. This number did decline in 2012 to 97,230 persons.

Due to insufficient access to care and disease management, the health care system is currently more focused on addressing acute, episodic care needs versus more holistic patient needs over time. This leads to insufficient support for key chronic conditions such as cancer and heart disease. Patients are utilizing the emergency department for health problems associated with chronic diseases that could have been prevented through adequate access to care across the care continuum.

The number of hospital admissions related to mental health, number of mental health providers, and number of poor mental health days are each areas where Johnson County is performing better than the state median, but worse than the top national performers (see Figure 27). The lack of mental health providers suggests that residents of Johnson County have insufficient access to mental health care. Figure 31 below shows the prevalence of mental illness in the United States in 2012 and the range of mental health needs among different groups of the population. The high prevalence rates demonstrate a growing need for care of patients suffering from mental illness.

Figure 31: National Prevalence of Mental Illness in US Adults



\*Source: National Institute of Mental Health, 2012

According to the REACH Healthcare Foundation, the number of reported poor mental health days has increased in Johnson County from 2010-2012 (from 2.34 to 2.4 days).

*Impact*

According to an interview with the Johnson County safety net clinic, Health Partnership Clinic, there are around 110,000 patients that could use care from one of their two clinics. The Health

Partnership Clinic noted the lack of access to care as a major concern for the population given the large number of individuals living in financial stress. The clinic's main priorities currently include access to women's health and obstetric (OB) services, cancer screening, and pediatric care.

The Health Partnership Clinic also addressed the lack of specialty care services for the vulnerable population. The clinic currently works with Wy/Jo Care, a partner for Johnson County and Wyandotte County safety net clinics, to access specialty care services for patients. According to an interview conducted with Wy/Jo Care, the program currently has over 650 physicians that donate specialty services to patients in need. While patients with insurance can access primary care services at the Health Partnership Clinic, in order to qualify for specialty care, patients must be uninsured and ineligible for government health assistance, such as Medicare, Medicaid, or KanCare.

The Health Partnership Clinic also mentioned a lack of access to mental health services. Mental health and substance abuse have lasting impacts on the community. Abuse of alcohol and other substances can lead to larger issues in society, which include drunk driving and use of other more dangerous illegal drugs. Johnson County has shown an increase in the number of adults who drink excessively and teenage access to illegal drugs. The county also has a very high rate of alcohol-impaired driving deaths, which demonstrate a profound need for further education and prevention in mental health and substance abuse. Hospital admissions for alcohol and substance-related mental health problems are above the state median rate.

#### *Available Resources*

- Johnson County Department of Health and Environment
- Health Partnership Clinic
- Wy/Jo Care
- Mercy and Truth Clinic
- Johnson County Mental Health
- Overland Park Valley Hope
- Marillac
- Avenues to Recovery
- Clinical Associates P.A. – Overland Park
- The Family Conservancy
- Mirror, Inc.
- American Cancer Society
- Cancer Action KC
- American Lung Association
- R.A. Bloch Cancer Foundation
- American Heart Association

## Priority 2: Increased Access to Physical Activity and Nutrition

### Overview

Johnson 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, and Johnson County demonstrated a need to improve on a few areas in order to help improve the health of the population in the future. The county as a whole has failed to improve on measures such as obesity, physical inactivity, and diabetes.

### Prevalence

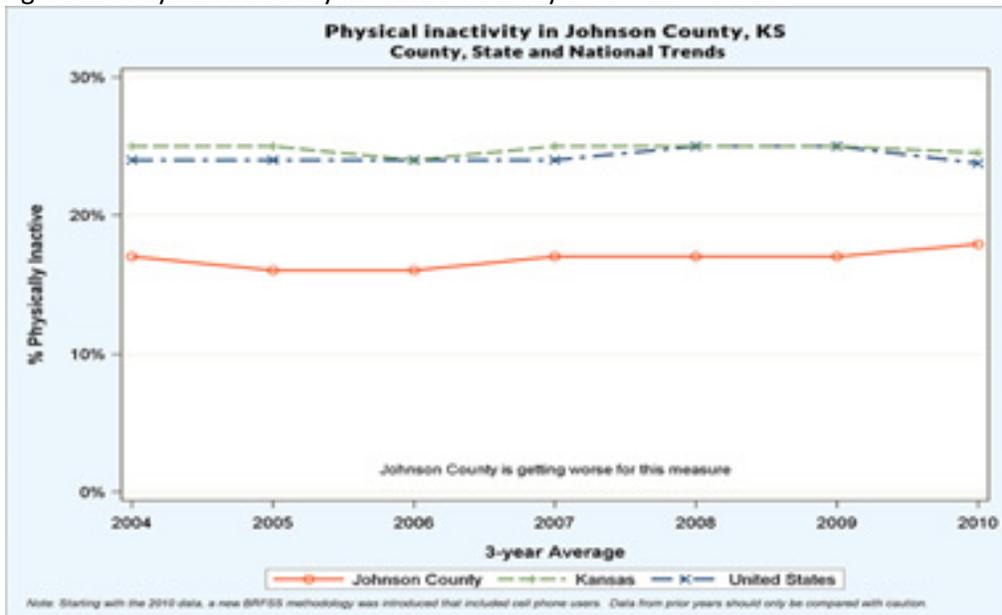
Physical Activity/Nutrition – The chart below shows the physical activity indicators as well as the nutrition factors for Johnson County in comparison to the state median value. These values demonstrate some needs for Johnson County in terms of availability of health food options for the members of the community. Even though the physical inactivity percentage is below the state median, it has been increasing yearly for Johnson County.

Figure 32: Physical Activity and Nutrition Factors

Indicator	Johnson County	State Median
Physical Inactivity	18%	25%
Access to Exercise Opportunities (population who live close to park/rec facility)	94%	71%
Food Insecurity (percent of population)	11.7%	15.9%
Limited Access to Health Foods	3%	8%
Food Environment Index	8.5	7.5
Fast Food Restaurant Density (restaurant/1,000 population)	.75	.56
Grocery Store Density (store/1,000 population)	.12	.20
Farmer's Market Density (market/1,000 population)	.01	.03

\*Source: County Health Rankings, 2013

Figure 33: Physical Inactivity in Johnson County

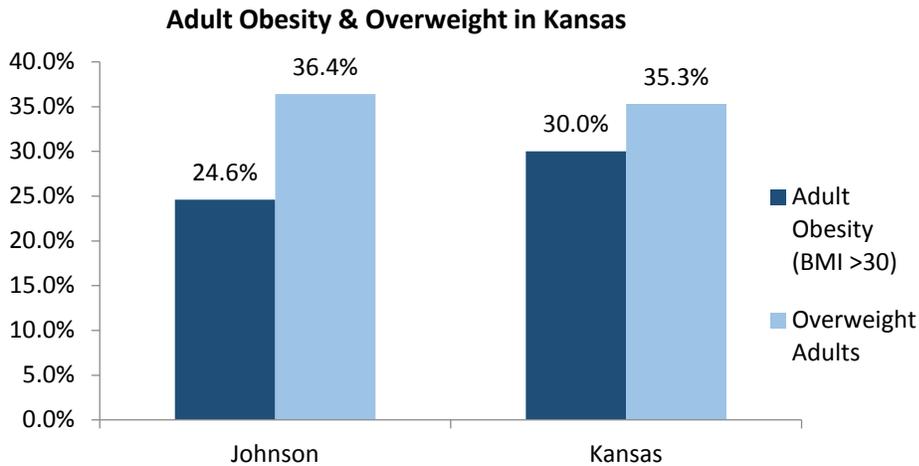


\*Source: Graph from County Health Rankings, 2013

Diabetes – In Johnson County 7% of adults over the age of 18 have been diagnosed with diabetes (“County Health Rankings,” 2014). While this is less than the Kansas average, the risk of getting diabetes can increase as physical inactivity and nutrition statistics become worse. The rate of diagnosis has also been increasing each year between 2007 and 2010. Diabetes is impacted by many other factors including diet and physical activity, which is why this is a health need for Johnson County even with the lower than average prevalence rate in the community.

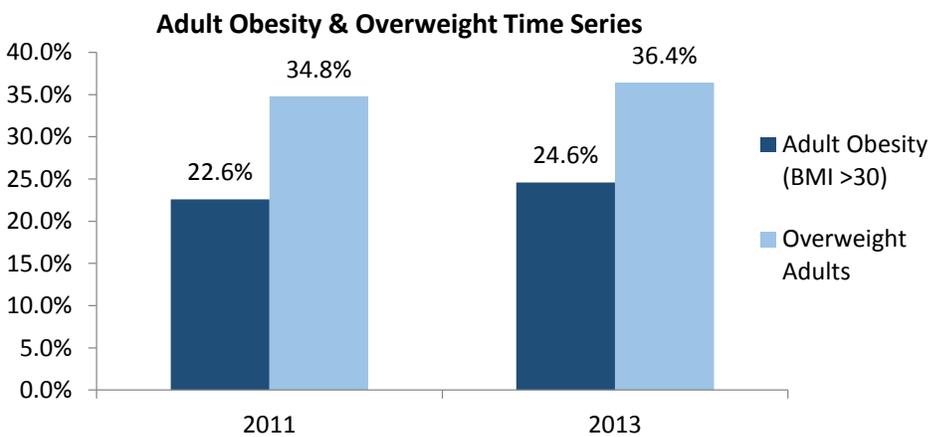
Obesity/Overweight – In Johnson County the percent of adults who are obese (BMI > 30) and adults who are overweight have both been increasing over time. The obesity percentage is below the state average, but the percentage of overweight adults is above the state average and an area of concern for the county as a whole.

Figure 34: Adult Obesity and Overweight Graph



\*Source: Kansas Department of Health and Environment, 2013

Figure 35: Adult Obesity & Overweight Time Series



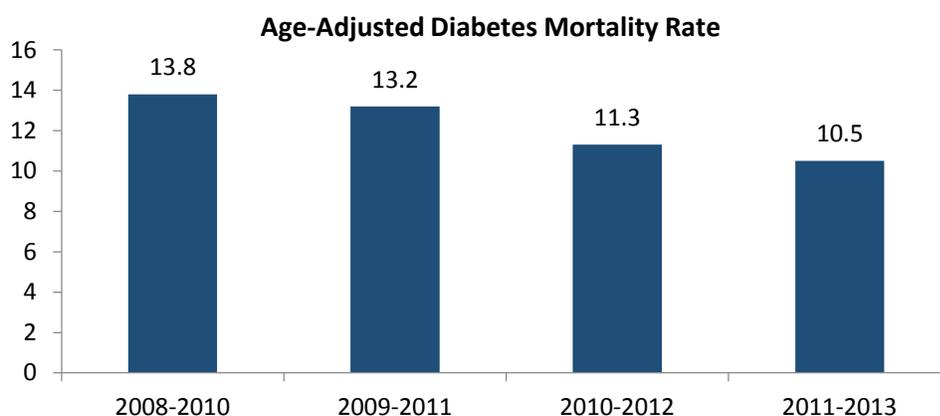
\*Source: Kansas Department of Health and Environment, 2013

### 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. Lack of physical activity can be attributed to 11% of premature deaths in the United States (“County Health Rankings,” 2013). 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 exercise and proper nutrition are both imperative in order to help improve the health of the community as a whole.

Diabetes – Poor nutrition and a lack of physical activity can lead to diabetes. Diabetes is a top ten leading cause of death in the United States. Diabetes can lead to many other medical complications including blindness, end-stage renal disease, and possible amputation. According to the American Diabetes Association, diabetes accounts for roughly \$176 billion in direct medical expenditures. Included below is an age-adjusted mortality graph showing the number of deaths per 100,000 population attributed to diabetes. Figure 36 demonstrates the importance of managing diabetes at the appropriate time and in order to save as many lives as possible. The trend is improving, but Johnson County is still near the 50<sup>th</sup> percentile in the state of Kansas for this factor.

Figure 36: Age-Adjusted Diabetes Mortality Rate



\*Source: Kansas Department of Health and Environment, 2013

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. The Healthy People 2020 initiative has a goal of decreasing the percentage of adults over 20 who are obese (BMI > 30) to 30.6%.

#### Available Resources

- Healthy People 2020
- Healthy Kansans 2020
- Johnson County Department of Health and Environment
- Centers for Disease Control
- American Diabetes Association

### Priority 3: Management of Transitions of Care

#### Overview

The Joint Commission (TJC) considers transitions of care a current hot topic in health care and the Centers for Medicare and Medicaid Services (CMS) identified care transitions as a leading

problem in health care today. According to The Joint Commission, around 80% of serious medical errors are caused by poor transitions of care (“Joint Commission,” 2012). TJC defines transitions of care as “the movement of patients between health care practitioners, settings, and home as their condition and care needs change” (“Hot Topics in Health Care: Transitions,” 2012). Other issues can result from poor patient care transitions such as delayed treatment, incorrect treatment, and increased stays in the hospital.

### Prevalence

According to the report *Crossing the Quality Chasm* from the Institute of Medicine, the aging population creates new needs in health care services in order to meet the demands of consumers. As individuals live longer, they are more likely to face more chronic conditions that require better coordination of care services. According to the National Transitions of Care Coalition (NTOCC), individuals with chronic conditions are likely to see up to 16 physicians in one year. In one care episode in the hospital, a patient could see an average of 10 or more physicians during their stay (2012, p.2).

In Johnson County, in 2014, the 65 and up age group accounted for 12% of the population, but is expected to grow to account for 15% of the population by 2019. The health care system is currently more focused on addressing acute, episodic care needs versus more holistic patient needs over time. The Federal government reports that one in five elderly patients is back in the hospital within 30 days (“The Revolving Door,” 2013). According to Hospital Compare data for Saint Luke’s South, the 30-Day unplanned readmission rates are comparable to U.S. national rates. Two areas identified in the table below as areas in which Saint Luke’s South 30-day unplanned readmission rate fell above the U.S. national rate include: Hip/Knee Surgery and COPD.

Figure 37: 30-Day Unplanned Readmissions

30-Day Unplanned Readmission	Performance	SLSH Unplanned Readmission Rate	U.S. National Rate
Heart Attack	No different than U.S. National Rate	17.5%	17.8%
Heart Failure	No different than U.S. National Rate	22.2%	22.7%
Pneumonia	No different than U.S. National Rate	15.5%	17.3%
Hip/Knee Surgery	No different than U.S. National Rate	5.5%	5.2%
COPD	No different than U.S. National Rate	21.7%	20.7%
Stroke	No different than U.S. National Rate	12.7%	13.3%
Hospital-Wide	No different than U.S. National Rate	15.3%	15.6%

Source: Hospital Compare FY 2010-2013

### *Impact*

According to the Robert Wood Johnson Foundation, the Federal Government has estimated that the cost for readmissions for Medicare patients is around \$26 billion annually. More than \$17 billion of that amount was the result of unnecessary readmissions (Lavizzo-Mourey, 2013, p. 3). Part of the health reform policy will penalize hospitals with high readmission rates.

TJC found three areas that cause problems in the care transition process: communication breakdowns, patient education breakdowns, and accountability breakdowns (“Hot Topics in Health Care: Transition,” 2012). Communication could be between providers, patient and provider, or the provider and the patient caregiver. Patient education could be unclear or confusing, leaving the patient and/or the patient caregiver uncertain about follow-up instructions. Finally, breakdowns in accountability between providers and care facilities can create confusion for the patient and the receiver or next caregiver of the patient, allowing that patient to fall through the cracks. The Robert Wood Johnson Foundation noted that 50% of Medicare patients that receive care in the hospital do not see a primary care physician or specialist within 2 weeks of discharge (“The Revolving Door,” 2013, p. 4).

### *Available Resources*

- The Joint Commission
- Center of Medicare and Medicaid Services
- National Transitions of Care Coalition
- Institute for Healthcare Improvement

## Appendices

### Key Contributors-Additional Information

#### Johnson County Department of Health and Environment

Interview: Barbara Mitchell (Health Education Division Director), Elizabeth Lawlor (Epidemiologist), Jenna Wiggins (intern)

The Johnson County Department of Health and Environment (JCDHE) has been completing a Community Health Assessment Process (CHAP) since 1997 with the most recent completed CHNA was done in 2011. The top priorities identified in 1997 were: Access to care, Obesity, and Safe kids. The priorities identified in 2011 were: Physical Activity/Nutrition, Access to care, and Mental Health/Substance abuse. The Department was not required to do a CHNA until the last year due to new department accreditation which requires the JCDHE to complete a CHNA every 5 years. The Department decided it would be best to work alongside the same timeline as local hospitals and complete the CHNA every 3 years with the next version in 2016. JCDHE is working with other hospitals to start the CHNA process. These hospital include: St. Luke's Health System, Olathe Medical Center, Shawnee Mission Medical Center, and Children's Mercy.

#### Metropolitan Organization to Counter Sexual Assault

Interview: Angie Blumel (Director of Advocacy Services)

The Metropolitan Organization to Counter Sexual Assault (MOCSA) is a comprehensive service model that provides therapy, support and advocacy for victims of rape and sexual assault, for sexually abused children and families, for adult survivors of child sexual abuse, and for others touched by sexual violence. In 2014, MOCSA provided its services to 390 victims of sexual violence in Johnson County. MOCSA also provided Johnson County residents with 341 crisis line services, 195 hospital advocacy services, and 72 criminal justice and personal advocacy services. MOCSA educators provided 343 presentations to 8,394 youth, community members, and professionals.

#### Health Partnership Clinic

Interview: Amber Giron (Director of Outreach), Karlea Trautman (Director of Quality Improvement)

The Health Partnership Clinic of Johnson County (HPCJC) is a safety net clinic whose mission is providing a medical home for Johnson County's low-income, uninsured residents by mobilizing community services. In 2012, it became a Federally Qualified Health Center (FQHC) in order to expand the population it serves. HPCJC currently has a clinic in Paolo and hopes to expand its services to populations outside of Johnson County. Currently, the clinic serves individuals predominantly in Johnson and Miami County along with some individuals in Wyandotte and Franklin County. The clinic is also a Level III Patient-Centered Medical Home. In 2013 the clinic saw 14,000 patients at both of its clinics. The clinic operates on a sliding fee schedule in order to ensure the affordability of its services and promote price transparency.

### American Heart Association

Interview: Laura Lope (Sr. Director, Go Red for Women), Erin Kiekbusch (Sr. Community Health Director)

The American Heart Association (AHA) is a national nonprofit organization focused on fighting cardiovascular disease and stroke. The AHA local Kansas City branch is focused on fund raising to help benefit research (done at the national level) and local education campaigns to raise awareness of cardiovascular disease. A few major local programs include: *Go Red for Women* and workplace wellness campaigns. *Go Red for Women* raises awareness and educates women on the causes and risks of heart disease. The AHA believes that the best way to raise awareness is to meet people where they are – therefore many programs are done through the work place. The chapter works with the top 25 local employers on wellness programs and education. Another large campaign is the “Know your numbers” campaign. This program is available for individuals to use the “My Life Check” tool to get a heart score based on the key numbers (BMI, glucose, blood pressure, and cholesterol). The tool gives the ideal ranges for each measure and helps with ways to improve numbers that don’t meet those ranges.

### Wy/Jo Care

Interview: Stephanie Lopata

Wy/Jo Care was founded in 2006 as a resource for safety net clinics in Johnson and Wyandotte County. The safety net clinics in these counties have many patients in need of specialty care and Wy/Jo Care connects primary care providers to specialty care physicians. There are two safety net clinics in Johnson County, Health Partnership clinic and Mercy and Truth and 5 clinics in Wyandotte County. Wy/Jo Care has over 650 physician volunteers. Physicians can pledge to take on a certain number of patients a year and this usually includes all the patients’ specialty care. Occasionally physicians will pledge to provide just a service to a certain number of patients. Wy/Jo Care works with hospitals that donate labs, physical therapy, and diagnostic imaging for patients with specialty care needs at no charge to the patient.

### American Lung Association

Interview: Beth Marolf (Manager, Tobacco Control & Lung Health)

The American Lung Association is a National Organization aimed to improve lung health and prevent lung disease. The national organization raises funding, develops programs, and advocates for policies to improve lung health. The American Lung Association also has local branches that help with local advocacy campaigns and implementing programs to improve the community. A few of the major programs in the Kansas City area include: Freedom from Smoking, Better Breathers Club, and the Lung Connection. Freedom from Smoking is a tobacco cessation program with tools to help individuals build healthier habits. Better Breathers Club is a social support group for individuals that suffer from lung disease. And the Lung Connection is an online resource to help support individuals with Lung Cancer.

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